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EDITORIALS.

WHY PROLONG THE AGONY.

WHEN the sentiment, to comprehend is to forgive, once "takes holt," it is likely to percolate into the subliminal strata of our consciousness and help shape our conduct toward the rest of humankind—toward a man like Doctor Morton, for example. Here is a medical man that was foolish enough to go into the mining business, and to do things he ought not to have done, evidently because he felt sure—was induced, perhaps, by people better versed than he in the ins and outs of mining mysteries, to feel sure—that the mines in which he became interested and which he wrongfully exploited contained the precious things he hoped—or was led to hope—were there. Consequently he, justly enough, spent a year in a Federal prison. If all the people who commit that kind of crime were incarcerated, where would be the jails to hold them? Well, having regained freedom, it is being insisted that the crime he has now fully expiated disqualifies him from further practicing medicine. Certainly such disqualification should hold for doctors that have been convicted of medical malpractice;

but Dr Morton's crime had nothing to do with his physicianship, which latter many consider illustrious in itself, which all physicians agree is at least of illustrious lineage. For humankind is indebted to Dr. Morton's father for one of the greatest boons ever vouchsafed it—ether anesthesia. And Dr. Morton has himself achieved no little in his vocation. We are all to-day greatly interested in radium; but years ago Dr. Morton did what is being done now—buried radium deep into cancerous tissues; and was ignored. And his pioneer work with high frequency currents has hastened the now general employment of this undoubted remedy by physicians specializing in electrotherapy. And it is well to reject the fact that whereas in the past many have been benefited by Dr. Morton's ministrations, many now looking for relief are now rejoicing in his return to the practice of his profession. Why, then, further punish either him or his patients? It is to be hoped, by the way, that Julian Hawthorne is not going to be prohibited from producing another line of English literature.

"When I look back on the processes of history, when I survey the genesis of America, I see this written over every page: that the nations are renewed from the bottom, not from the top; that the genius which springs up from the ranks of unknown men is the genius which re-

news the youth and energy of the people. Everything I know about history, every bit of experience and observation that has contributed to my thought, has confirmed me in the conviction that the real wisdom of human life is compounded out of the experiences of ordinary men."—*President Wilson.*

KILLING AND CONSERVATION.

IN modern warfare the cost of killing one soldier averages \$15,000. In the Boer "row" this item came as high as \$40,000. The Balkan conflict with Turkey was conducted more economically; and yet \$10,000 was burned up in making one man food for powder—really a scandalously unprofitable business, considering that the outlay was a dead loss (nothing funny intended) except in fertilizer product. The most expensive thing in nature is the destruction of human life; the proceeding would be outrageously costly for the world if not a dollar were sunk in it. At \$15,000 the head no one has any right to claim humankind to have more sense than the most dunder-headed creature in the cosmos. The Balkan peninsula has thrown a scare into Europe that is evaporating two billion dollars; for such is what the six great European powers composing the Triple Alliance and the Triple Entente are paying for military preparations—not for war, but to prepare for war. Add to this money waste the loss of production by two and a half million young men being withheld from the world's real work, for military and naval service; and the total cost (at the individual rate of \$400 annually) of the fighting forces of Europe would reach the three billion mark. All this is on the highly rational theory that the more crushing and blood-sweating the war taxes levied on the toiling masses, the less likelihood of international slaughter there will be! It makes one recall Heine's terribly grim and unholy apostrophe to the Almighty; "Oh, Thou magnificent Aristophanes of the universe, how your sides must shake with laughter whilst you look down upon us mortals and contemplate the epic idiocies of which we are capable." (Or words to that effect.) The paradox has been well put that the most precious thing in life is the cheapest (in dollars and cents), whilst the most useless thing is the dearest, in money. And what is there cheaper than life conservation—which is, by the way, the biggest idea the twentieth century has thus

far evolved. Panama, for example, was a generation ago about the most pestiferous and gangrenous spot on the globe. Colonel Gorgas and his associates have turned that region into a veritable health resort; only two or three communities in these United States can to-day get under the Canal Zone death rate; and the actual cost of this job has been \$2.43 the individual. The Rockefeller Commission for the Eradication of Hookworm Disease and its humane allies are curing many thousands of the people in our southland at something under seventy-eight cents the head. Which is the nobler achievement; such a life-saving one; or that other \$15,000 the man life-destroying proposition? Nowadays, on this side of the Pond at any rate, a great many people are seeing the point; for example, these citizens who are in the Life Insurance business. Actuaries are estimating that \$1,500,000,000 is a safe estimate of the economic value of lives that are lost needlessly each year in the United States alone, not through wars, but only through preventable sickness and accidents. The idea of health conservation was Professor Irving Fisher's of Yale. He several years ago outlined a plan for the education of the public to the end that Federal, State and municipal authorities might provide improved health protection; and he suggested that life insurance companies, purely in the way of business, and of "enlightened selfishness," could well afford to contribute in money and brains to such a campaign. Well, the Association of Life Insurance Presidents, representing policy holders all over the world (some twenty millions in the United States alone) are working the suggestion for all it is worth. They are educating their clients, and urging them by every means in their power, for personal and communal hygiene and for disease prevention. And the movement is permeating every phase of our civilization. Up to date, the biggest idea the twentieth century has evolved is this of the conservation of human life!

THE PHYSICIAN'S LIMITATIONS.

THE medical profession can and does devise means of prevention and cure; never before in its history has it been so effective in these premises. It has clearly demonstrated the practicability of eliminating such diseases as cholera, typhoid, the malarias and tuberculosis; the reason why they continue to exist is that, besides having their medical aspects, they bristle with economic and social difficulties. The physician gives freely of his strength of mind and body, without money and without price, in the service of the afflicted poor; and much too often also, be it said, in the unremunerated service of those not at all poor.

Beyond this who can expect him to go? He cannot, except by his example, make men and women humane. He cannot so affect the stress and strain of our modern civilization that cardiac and kidney diseases and insanity shall decrease, instead of increase, as is now the case; he can only indicate what *should* be done. He cannot of himself obviate starvation, alcoholism, lack of warmth, unclean habits of living, unsanitary, overcrowded, ill-ventilated tenements and factories.

The physician is constantly, in a most disheartening way, running into stone walls like the following: A widowed mother, with four small children, living in one room in a dirty tenement, is found consumptive. The children are in imminent danger of infection through ignorance and the impossibility of maintaining decent or sanitary con-

ditions in such circumstances. The doctor explains how the sputum must be disposed of to prevent infection; but how is this woman to change life-long habits, and be of a sudden so careful as not to jeopardize her children? Rest she must have; how is she to get it, and maintain her home? And sunshine and fresh air among the trees and flowers; what irony such advice in this pathetic status! Abundance of nutritious food, too; but what is she likely to get but meats many months in cold storage and "rots and spots"? Obviously the cure of this woman is a question, not of medicine, but of means. The ultimate problem here, the question how to prevent the conditions which produce such hopeless cases, is essentially economic. Much too often they are taken in hand after the irretrievable harm is done; and then public or private philanthropists lend a futile assistance.

It is as if a dreadful precipice had no railings at the summit and no signs to warn the wayfarer; yet at the bottom are ambulances to remove tenderly to the hospital those who have fallen quick, and mortuary wagons for the decent burial of those who have been dashed to death.

All this is by no means the presentation of new phases of public health; physicians and social workers have for years been setting them forth. The public has been informed concerning them; but it seems to be as yet dimly conscious of the truth concerning them and of their gravity. The public needs over and over again to be re-informed.

WIRING AN ANEURISM.

THE surgeon has to be a good deal of a mechanic; only the material on which he must work is not of wood and stone and metal, but most consecrated, such as houses a precious human life. To illustrate:

There is in the whole realm of medicine, which is so replete with melancholy instances, nothing so pathetic as the condition of the sufferer from a thoracic aneurism. An aneurism is a swelling, by reason of disease, of any blood vessel; and such an ailment is always most serious. But most grave of all is an aneurism of the thoracic

aorta, the largest artery in the body and the one coming directly from the heart. Thorax, by the way, means a "cage," and the cage here referred to is made by the ribs which enclose the chest.

People talk about heroism; but only those know what this word means that can sympathize with the man who realizes he had within his breast an aneurism, constantly growing larger with the increase in his gnawing pain, his brassy cough, and his difficulty in breathing through pressure of the growing tumor on his windpipe; who

realizes with almost absolute certainty that some moment, day or night, no one can tell when, (through strain either of mind or muscle, or indeed through no strain at all) this blood tumor will burst, with inevitable and instant death.

So serious is this disease, and so sad its end that physicians and surgeons have taken very unusual measures to relieve such a sufferer, to prolong his life and—very rarely—to cure him. Drugs that slow the action of the heart and favor coagulation of the blood in the sac are injected by means of a hollow hypodermic needle; it is thus hoped to consolidate the aneurism, so that its walls will not burst and result in a fatal internal hemorrhage.

Or there is the rest and starvation treatment, which requires the patient to lie recumbent for several months; by this the circulation of the blood is tranquillized and the heart's action becomes regular and slow, thus favoring blood coagulation within the tumor. The Irish physician Tufnell, who planned this treatment, computed that such a patient, standing up and going about, had a pulse rate of 96 per minute; after lying supine a few days it fell to 66: so there was a slowing by 30 beats every minute due to position alone. Multiplied by 60 (the minutes in an hour) the result is 1,800 less beats in that period, which multiplied by 24 (the hours in a day) gives 43,000 less beats in a day. And during three months, (the minimum time in which the patient should lie recumbent), his heart would beat almost four million times less (3,880,000) than if he had been going about like people in health. Then Tufnell increased the plasticity of the blood by reducing the solid food to 10 ounces a day, and fluids to 6 ounces: and he also gave eliminative drugs that would reduce the quantity of blood by withdrawing much of its serum (its watery element).

Surgeons have sought to cure aneurisms by compression, either with such instruments as the tourniquet, or by the elastic

bandage, or by digital compression kept up by relays of physicians (or their assistants) from one to two days. Or the ligature has been used, that part of the artery where the aneurism is located being tied off. But neither compression or ligation is possible for a thoracic aneurism.

For aneurisms within the chest wall acupuncture is done by very fine needles so introduced into the sac that they will cross each other; the blood coagulates around them and the coagulum fills up the sac. The needles, which may be shellacked, are left in several days and are then withdrawn. Or the aneurysmal sac is punctured with a hollow needle, through which are passed several yards of fine silver or gold or copper wire, that coils upon itself within the sac; the wire is then cut off flush with the surface of the body, and about it a clot forms. Or the blood is coagulated by "galvano-puncture": a galvanic current is passed through an insulated needle, which is brought in contact with the point of another insulated needle introduced into the sac about an inch from the point of entrance of the first needle. It is a combination of these last two methods that was recently employed in Bellevue Hospital, New York, upon an unfortunate man who suffered not only from thoracic aneurism but also from consumption. This poor sufferer could not inhale an anesthetic; so cocaine was injected into his back between the fifth and sixth ribs; and here into a hollow needle 36 feet of gold wire, most carefully sterilized, were passed through the wall of the aneurism into its cavity, where it coiled upon itself. It is one of the greatest blessings attending the use of the X-Rays, that the field of operation could by this means be accurately determined. Then a current of electricity was passed through this wire, finer than a hair though it was. The operation lasted four hours. About ten days afterward the patient died, neither from the aneurism nor the operation; but from his consumption.

"LIGHT THROUGH WORK."

DURING the fortnight or so preceding the holidays, sightless workers from the Light-house of the N. Y. Association of the Blind have been showing how wonderfully well they occupy themselves in the shop at 66 Fifth Avenue, which some excellent citizen has "lent them the loan of." A number of extremely pretty and useful things are exhibited, either in the making, or ready for sale. The work is almost entirely by hand, the only paraphernalia that might be called a machine being the hand and foot loom of generations ago; one will examine with pleasure bungalow pillows, with woven tops, scarfs, rag rugs, reed baskets, bags woven in gold or silver thread, aprons of various designs, dusting cloths, iron-holders, grooms and other household belongings. And the wonder is how the designs are worked in with material apparently of identical texture except as to color—until it is explained that the blind worker keeps her different colors separate, and counts

them into their appropriate places as she works.

It is truly an admirable Association which has been formed to prevent unnecessary blindness and to "help the blind to help themselves." And one must indeed congratulate this organization that it has Miss Winifred Holt for its devoted and untiring secretary. Here is true service (declared the blind Senator Gore) and infinitely better than charity. And the pathetic fact remains that almost all blindness comes at or after birth; there is very little that is hereditary. Of 70,000 cases 35,000 were from ophthalmia in the new born (almost the cruellest thing in all existence, besides being so easily preventable); 21,000 resulted from neglect and abuse; 12 from industrial accidents; and above 600 from our erstwhile insane Independence Day celebrations. Education and a steadfast propaganda (most peculiarly worthy of support) are enormously cutting down the number of these pathetic casualties, and bringing enlightenment in a real sense.

INTERESTING HEALTH REPORTS.

THE reports of the Metropolitan Board of Health are always interesting; there is much in them that is vital, besides statistics; and one comes upon paragraphs in them that are as good literature as the publishers can produce and a great deal better than is found in some magazines.

Consider marriage in its manifold phases. In a recent report the color line is first dealt with; this it seems is easily eliminated in matrimonial affairs. The number of mixed marriages varies from year to year. In 1911 there were exceptionally few—only twenty-one couples; seventeen white women married to colored men and four white men marrying colored women. White men seem to take racial differences more seriously. The term "colored" applies here not only to the negro race but also to the races not Caucasian—Chinese, Japanese and others, red, brown, or yellow skinned people included in the sixty or more nationalities re-

presented in New York. However most of the mixed marriages have been of the Caucasian and Negro races.

This Board of Health takes a philosophic view of life, in going directly from marriages to accidents, sickness and death. Jerome K. Jerome never realized how many diseases one could have until he dived into a medical cyclopedia, upon which he found himself suffering from every human ailment except housemaid's knee. In like manner he who wants to know how many kinds of things there are to be sick with need but study the metropolitan health reports. In Manhattan Borough of New York the mortality for 1911 was 33,000 and from thirty-nine clearly defined diseases which, with their various subdivisions, aggregated 180 forms of physical derangement, whilst "other" and "ill-defined" causes added 5,647 to the regular list. In Brooklyn Borough there were thirty-five classified kinds

of sickness, with corresponding subdivisions, "other" and "ill-defined" cases making up the list. Tuberculosis is reported as usual to be the Captain of the Men of Death. Next comes in order pneumonia, heart disease and influenza. It is a tribute to our often maligned civilization that inanition (starving to death) is practically unknown—only one case (an infant of one year) having been reported in 1911.

And it seems easier to get warm than it is to keep cool; in 1911 sunstroke destroyed 1,273 lives, whilst only three people froze to death. Boils and carbuncles "did" for sixteen modern jobs. From these reports one learns that nineteen different kinds of accidents can happen one, with close on to a hundred variations. One can fall in twelve distinct ways—from, down, on and over things: from bridges; windows, scaffolds, fire-escapes and high buildings; down area ways, air shafts, stairs, elevator shafts,

hatchways; on the sidewalk or some sharp instrument; over many obstructions, not forgetting a skipping rope.

One may be drowned, preferably in bays, rivers and other natural bodies of water; but also in tubs and pails. There are seven different ways of being suffocated. There are rated 42 causes of burns; and 93 others "not specified by the coroners." There are 27 ways of being poisoned, including means by camphor and bug mixtures to strychnine. Illuminating gas heads the list and carbolic acid comes next in order.

Very few people, according to these reports, die of old age; but rather of pneumonia, apoplexy, bronchitis and falls. Of the centenarians 75 per cent are women; and the United States is the birthplace of the greatest number; Ireland comes next in the matter of longevity, whilst Germany and Russia bottom the list.

THE VARNISHED FROG.

SCIENCE has proved that the varnished frog croaks its last croak when the air it breathes becomes warmer than 96 degrees, which is hot for frogs, but which the unvarnished frog will survive. The reason here is that this bactrian must use its pores to radiate the extra heat, which it cannot do when coated with varnish. Moreover, disease germs make short work of varnished frogs that are already weakened through sweltering. There are humans who, although they are not varnished, yet accumulate coats of other material quite as deleterious to health; as in the case of the individual who, in overweening pride, boasted that he "bathed regularly, every Fourth of July, whether he needed it or not." The meaning is no doubt clear; further specification were a painful supererogation.

Also, improper, too long unchanged and too voluminous clothing disturbs the cutaneous function. The importance of this latter is not sufficiently recognized. The skin is an organ of respiration, and as such is a part of the breathing apparatus. And the skin secretes and excretes. He who bathes o' mornings gets his blood elements enriched, and avoids blood stagnation—a very evil thing; has his lung power and area increased; his appetite and nutrition

enhanced and the food elements better stowed away in those parts of the economy where they belong is assured a sense of mental as well as physical well being; and, in cases where such improvement is desirable (they don't seem rare) has his morals jacked up considerable. The skin is the "peripheral heart." Take a child from two to ten years old: he has a skin surface up to ten square feet; and underneath this is a stream of blood that should be in constant and rapid circulation. Within two minutes this blood (from two to ten pounds of it in a child) enters and leaves the surface, comes from and back to the heart. If this circulation takes longer or if there are pools, eddies and pocketed accumulations by the way, the organs and tissues will get congested with impure blood and will become hospitable to germs; the whole bodily machinery will act badly, and there will be disease. The man of forty and after who has several yards of peripheral heart and a veritable sea of blood flowing through it, who exercises little and runs instead to the undistributed middle, is especially counselled to apply his fluid restoratives outside rather than into his constitution.

Don't be a varnished frog!

ORIGINAL ARTICLES.

THE PROCEEDINGS OF THE SECOND ANNUAL MEETING OF AMERICAN ASSOCIATION FOR PROMOTING HYGIENE AND PUBLIC BATHS IN BALTIMORE, MD.*

CAMPAIGNING FOR PUBLIC BATHS.

By MRS. MARY A. JACOBSON, NEWARK. N. J.

PERSONAL experience counts for much; this must plead my excuse for telling you of our present campaign for public baths in Newark, N. J.

In the spring of 1907, the Conference of Friendly Visitors, a body of women working with the poor in the hope of raising the standard of the families, undertook to find out what the city offered which could assist in its constructive work. A tour of the three public baths revealed conditions decidedly unsatisfactory from a sanitary point of view. When the rather startling criticism of neighbors and others was added to the result of the investigation, it was thought unwise to recommend to the families in the care of the conference the use of the public baths, the feeling being that these people could least afford to run any chance of contracting disease, and could least afford the best medical service should disease be contracted. The Conference was constantly faced with the imperative need for sanitary bathing facilities for the mechanic and his family, who could not afford to pay the high rents asked for home baths. As a result, the Newark Public Bath Improvement Association was formed. Many interests had to be consulted and the indifference and ignorance on the subject of public baths of those most concerned made planning anything like a complete campaign very difficult.

Realizing that a fight was ahead, the membership of the Association was very carefully planned. Organizations with

power and numbers were invited to become co-operating members. Committees from the Women's Clubs, the Trades Council, Public Welfare, and other social uplift societies, Italian and Jewish organizations, and the Teachers' and Principals' Associations were appointed to represent their Associations in the Public Bath Improvement Association. In the list of individual members are physicians, lawyers and business men of prominence and force in the community. The moral support from this type of membership has proved very great.

We called upon the Mayor and found him friendly. We then appealed to the Board of Works, which controlled the bathhouses, and found them surprised by our criticisms and satisfied with the baths and their management. We felt sure that the gentlemen of the Board of Works did not mean to be antagonistic, but that either they did not know the subject of public bathing, or were too busy to give it attention, or both. We realized then that campaigning for public baths is a matter of education—education for the busy officials and education for the people. It is necessary only to look at the old type bathhouses, to become convinced of the glaring mistakes along sanitary lines made by well meaning public officials and architects. It became our duty then first to educate ourselves—to learn from books, technical magazines, pamphlets, etc., by visits to baths in other cities, and through conferences with students of the subject, what a public bath should be, and why.

One learns early that technical knowledge and expert advice are necessary to a clear

* The publication of these Proceedings was begun in THE GAZETTE of December, 1913.

understanding of a city's bathhouse problem to avoid repeating errors of construction and management. The more we studied the subject, the more we had to study, both practically and theoretically. Among other things, we found that bad or indifferent management could wreck the finest bath ever built. So in order to prove our case and present it in a definite scientific way, our Association engaged the services of two experts, who worked separately, not knowing of the other's work. Upon the result of their findings and the testimony of physicians in our city, we succeeded in *closing the three unsanitary pools and in convincing our public officials that Newark's public bathing system was antiquated and unsanitary*. Much good has come of this, and while the three old baths are far from ideal, they are at least clean and provide bathing facilities for thousands during the summer months.

The Finance Committee was also interested and convinced that public baths are not a dream of a few hysterical women. We saw each member at his home or place of business before the meetings, tried to get him to visit the baths, and gave him an opportunity to talk and ask questions. In this way we have been able to correct erroneous ideas and impressions, so that when meeting time came, because we knew what we were talking about and presented our facts clearly and briefly, we were heard attentively and respectfully.

In the meantime, we made it possible for the people to learn something of public baths and what they should mean to a community. Through the courtesy of the Board of Education, a course of lectures on hygiene and public baths was included in the free lecture course. These lectures were illustrated and were given by the best men obtainable. Members of our Association have talked before clubs, teachers' associations, and in the churches. The press was appealed to with splendid results. We believe that our educational work has been well done because of the constantly increasing interest of organizations and individuals.

As a result of our educational work the people in one of our most congested districts were aroused to the necessity for a public bath in their neighborhood. In 1909 a committee from our Association appeared before the Finance Committee with a petition signed by thousands living in the "Hill" section. This, in conformity with

our belief that the demand for a public bath should be made by the people who are to use it. No appropriation was made, however, the Finance Committee giving as the reason that it desired to investigate the whole matter with the idea of putting the bathing system on a proper and sanitary basis. The Finance Committee did make its investigation and went on record as favoring a new system of public baths for Newark. Then we again visited the Finance Committee and asked that the Board of Works be given sufficient funds to build the new bath. We were told that the request must come from the Board of Works, and so we took the matter up with that body. It then appeared before the Finance Committee, only to find that the city funds were not available and that a bond issue was the only way out. We found Newark had no authority under the law to issue bonds for this purpose, so new baths were again indefinitely deferred.

About this time a meeting was held on the "Hill," where four thousand attended. Part of the "Hill's" campaign was planned to include a parade of several hundred children. The parade was scheduled to take place on the day the Finance Committee and the Board of Works were sitting in the City Hall. The newspapers heard of the proposed plan, and through them the officials heard of the parade too. Some of them requested that the parade be called off, until after the meeting of the Finance Committee and the Board of Works to plan for bathhouse accommodations. Having no desire to embarrass the city officials, we postponed the parade. The meeting of the officials did take place, our cause was recognized, and it was decided by them to draw a bill to be presented at the next legislature, authorizing the city of Newark to issue bonds for a sum sufficient to put the bathing system on a sanitary and adequate basis.

In the meantime election drew near, and the Essex County Trades Council, a labor organization and an active member of this Association, addressed a letter to every candidate for office, requesting him to declare himself for or against a new and adequate bathing system. Replies were received and circulated throughout the organization. *Of course every candidate stood for baths.*

Some time after election, several thousand circulars in English and Yiddish were distributed throughout the "Hill" section,

calling attention to the fact that the petition for a bath on the "Hill" had been presented and that thus far nothing but promises had been the result. The circular also urged the people to see that the promises were kept. A delegation of the people, with a committee from our Association, then appeared before the officials and again urged the early construction of the much needed bathhouse. The English, Italian, Jewish and Polish press was in the meantime appealed to, and helped the cause greatly by its fair and comprehensive reports of the work of the Association and by strong editorials showing the need of the bath.

As a result of this and of the Mayor's interest, two bills were presented to the Legislature of 1910—one taking the control of the present baths out of the Board of Works and putting them in the care of the Playground Commission—a non-partisan body. This bill died in Committee. The second bill presented provided for a bond issue of \$250,000 for new baths, control of which should rest with the Playground Commission. This bill was also killed in Committee. Then a committee from this Association went to Trenton, our State capital, to find out, if possible, what the trouble was. We found political interests standing in the way of our bond issue privilege. Our Committee smoothed the path for an amended bill providing for the bond issue, but leaving the control of the baths in the Board of Works. It was introduced, and after some lobbying, was passed by the Legislature of 1910.

Then real, definite work for the Association began. First we had a survey of the "Hill" section made in the search for a site. I know of no one greater contributing cause to success or failure of a public bath than that of location. So we went about this part of our work with the greatest care. Before making our choice, we secretly consulted disinterested persons qualified to judge of the relative merits of the several sites in contemplation. When we finally decided upon the corner of Montgomery and Charlton Streets, we secured options on the several parcels of property, and then submitted our suggestion to the Board of Works. In this way we got a line on the price of the property before it became known that it was wanted for public purposes. Through the antagonism and clever manipulation of political and real estate interests, the property was fully acquired only

after a fight by the Board of Works and this Association, and condemnation proceedings had to be resorted to in the case of one or two parcels. However, we feel that the city secured the very best site and did save money on the transaction.

Then bathhouses in other cities were more thoroughly studied, so that the New-ark buildings should combine the best features of all other bathhouses. Conferences were held with the architects, and finally a building was planned and is now nearing completion. This for beauty of simple architecture, perfection and sanitation, convenience or arrangement and minimum repair features, is not excelled by any other bathhouse in the United States. The new Building stands in the midst of a population of thirty thousand people, to all of whom it is convenient enough to be used to advantage.

Our Association is busy now interesting the principals and teachers in the neighborhood of the bath in the bath, and through their efforts we hope to interest the children and so reach the parents. We have great faith in the popularity of the bath when it is once known in the community. We are trying to make it an inspiration to the people, so the waiting rooms shall be decorated with pictures, plaster casts and flowers. These things are all donations from interested friends of the Association.

Note. (The building was opened on the 3rd of September and bathed several thousand on the first day).

For two years agitation for a new bath in the congested East Side has been going on. Petitions have been sent to the powers that be, and we are planning to appear before the Finance Committee the latter part of this month and again urge the necessary bond issue. Last year we had a meeting in a school auditorium in the district in the interest of this bath, when Dr. Baruch, our esteemed President, and your own Dr. Gichner helped the cause mightily by their splendid presentation of facts and pictures.

The 1913 Legislature passed a bill taking the control of the baths out of the Board of Works and putting them into the care of the newly organized Playground Commission. Here we feel the baths will take their real place in the life of the city and get the attention which rightly belongs to them. A Committee from our Association appeared before the Playground Commission recently and found the spirit of co-operation

very marked indeed. This was extremely gratifying to us, since our policy has always been to proclaim the justice of our course and to present it in such a way as not to antagonize, but to co-operate, with the public officials. Already the Playground Commission is busy curtaining the open showers in the old bathhouses. Abolition of bathing suits is another step in the right direction. Our dressing rooms are in the galleries, and sheets are being provided, which

can be easily laundered, to supply protection to and from the showers. We have no pools in use, we have no laundry, nor have we a sterilization plant. The sheets and towels will be sent to washerwomen in the neighborhood until such time as we can get proper laundry facilities. We are hoping that bathhouse work in Newark shall be so efficiently done in the future as to make long continued effort on our part superfluous.

DISCUSSION.

BY MR. MULLER OF TRENTON, N. J.

I do not expect to teach you anything, but I have learned much more during this convention than I could possibly impart to you. I was very much impressed with the speech or the address of your President last night at the Johns Hopkins University. When a man comes from a city having over 100,000 inhabitants, boasting to be one of the oldest cities of the United States, full of points of historical interest and proud people, he feels ashamed of himself when he must admit that this fine city has no public bath although there is a river running along side of the city—not only no public bath, but no bath in any one of the schools. This is an admission that should drive the blood into a man's cheek, but it is true of the city of Trenton, N. J. What can be done? I believe that we should have bathrooms, shower baths, or whatever it is to clean and scrub the children in the schools. We provide for sanitary rooms where they hang their wraps. But a very dirty child may hang her very unsanitary garment over the garment of my little girl. It seems that in many cases we are straining at a gnat and swallowing a camel. It seems to me that if we keep our rooms clean and sanitary, we should try something to keep our children sanitary and scrub them. Just how to go at it, I do not know. There is the

Delaware. The Delaware does yeoman's work for the country of its neighborhood. I believe it could be made a little more useful in a sanitary direction, not only in a historical relationship. I listened to Mrs. Jacobson very carefully because I know she put her finger on the sore spot. We are not in Europe where we have a paternal government; we must get a majority of the people with us before we can do anything, and so, for instance, we have in every city a board of education. We come to the board of education, good and true men, if it is a good board, but in most cases we have a sprinkling of men who do not want anything but the three R's in the school, and ask for the installation of baths. They will tell you they are not necessary, that they did not have them when they went to school; but they have forgotten something—they grew up in the country where they had as a gymnasium the whole neighborhood and all the rivers and streams as swimming pools—they do not consider for a moment the poor boy in the big city who has no playground but the dirty alley and that he must have other safeguards than they had when they were boys. I have the honor of being a member of the school board, and I do what I can in spreading your gospel in that direction.

REPORTS ON THE FIRST INTERNATIONAL CONFERENCE ON PUBLIC BATHS AND SCHOOL BATHS.

Mr. Baedenkoff.—Ladies and gentlemen:—The impression which I got at The Hague was the difference between American public bath advocates and those whom I met there. I could not help being impressed by the great number of learned men, with no reflections on this body, the large number of learned and professional men who came from European cities—Munich, Berlin, from France, from Belgium, and even from Norway. Then the elaborate preparations and the elaborate reception that they gave, as if we were people of honor in this country. We are considered by some gentlemen as philanthropic cranks, but over there they seemed to think we were the leaders, and it certainly was a pleasant surprise. I would like to say that the three representatives that went from America were Dr. Hale, Dr. Gerhard and myself. Each one of us is about five feet four inches in height, and I told these people we were not typical so far as height is concerned.

It is evident that the subject of baths is much larger in Europe than here. I was told by a very prominent citizen of The Hague that in that city nine residents in ten were without bathing facilities in their homes. We in America would think that terrible. Here in Baltimore the general average is six out of ten, which is very different from nine out of ten without bathing facilities. I must find fault with those who speak of the cleanliness of the Dutch. They live in unsanitary places. I went through the Dutch cities; I felt as if I were living over a swamp. In the houses there was a damp atmosphere and an odor in the bathhouses. With us here, we are above waterline to a certain extent and are in a drier atmosphere.

Now the observations that I made after the convention were as illuminating to me as some of the features of the convention. I went to the baths in the factories. I wanted to see how their law was carried out. In a number of European countries wherever one hundred workmen are employed the owner is obliged to supply a public bath for the work people. I remember going to one of the mines in Belgium and found there a room as large as this which was devoted to the cleansing of the miners. The men as they came out of the shaft were able to clean the coal dust from them and go

out clean men. It occurred to me that is a very beneficent law. I do not know if there are any laws in this country, but at Scranton and Wilkebarre and probably some other places there are good baths. They are not swimming pools, but cleansing shower baths.

I made an inquiry there, and I would like to make the same inquiry here, whether there are open swimming pools in Europe. I did not know we were so exceptional, but I found only in three cities that there were open swimming pools where the water was not artificially heated. There is a pool in Brussels. It is large, but it occurred to me that it was not so beautiful; however, it is useful. There is another in Antwerp which is close to our beautiful one in Patterson Park. One which we saw was a private swimming pool at Rotterdam. I wondered whether we here in Baltimore and still further south ought not to encourage the open air swimming pool. We are glad that our pool here is so pleasant and we hope to-morrow will be pleasant so that you may all have a chance to try it.

Dr. Hale:—Mr. President and fellow-members: In attending the International Congress last August, I was delegated not only by this association but by the city of New York, and to a certain extent my report will probably cover the same ground, though not altogether.

DR. WM. PAUL GERHARD, C.E., reported that about 300 delegates attended from Austria, Belgium, England, France, Germany, Greece, Italy, Netherlands, Norway, Sweden and Switzerland. It was universally noticed with regret that the United States of America, though invited, had declined to participate officially in the Conference.

A report on the Conference, containing 287 pages with diagrams and illustrations, by the General Secretary, Miss A. M. Douwes Dekker, can be obtained by the payment of two dollars. It contains his full report on "The Progress of the Public Bath Movement in the United States."

International Association for Public Baths and School Baths was formed, and this to meet in Brussels in 1914. The membership fee is two dollars, and includes a Quarterly Magazine.

The Exhibition held in connection with the Congress deserves special mention. The largest exhibit came from 18 German cities, and among other cities which sent plans or photographs should be mentioned 7 Dutch cities, also Stockholm, Antwerp, Vienna and Greater New York, which latter had a very complete exhibit of the Municipal Baths in the two Boroughs of Manhattan and Brooklyn. The Rev. Dr. Beadenkoff exhibited a model of Baltimore portable baths, and the

speaker showed tabulated statistics of people's rainbaths in American cities, also views of New York school baths, kindly furnished him by Supt. C. B. J. Snyder, of the Board of Education.

Mr. Gerhard believes it to be the duty of its Association to emphasize the necessity of establishing a National Board of Health, and to explain the importance of such International Congresses, and to work for a proper representation.

THE PUBLIC ATHLETIC LEAGUE OF BALTIMORE.

BY DR. WILLIAM BURDICK.

This public league, as an organization, is two-fold: we attempt to do something for the recreation of boys and girls over twelve years of age, but we also attempt something higher than that, for we have learned from the 4,000 boys that we have come in contact with that the average boy in Baltimore begins to grow at fourteen and gets his growth and maturity at fifteen and a quarter years. Consequently, we take care of boys not under twelve, leaving the recreation and play of younger boys and girls to the Children's Playground Association. We assume that the important thing in the child's life at that time is its growth, and we are doing everything that we can to promote the growth of the individual. We are not primarily interested in just merely the records and times and distances that individuals may make, but we are particularly interested in the growth of the individual into a strong and healthy man or woman. We are not giving the type of exercises and games that simply produce sport, but those that produce strong hearts and lungs and organs that are going to make them efficient in life. The day is past when the emphasis is laid on the size of muscle and physical strength and it is now on the individual to use the body efficiently. We are interested in the growth and health and strength of the child, not only in its present health but its future, and we have attached to the League a physician who spends his

whole time in examining the boys and girls. It is surprising to find that a large number of them need attention, inasmuch as we are examining them for their ability to take part in athletics. We examine the heart and lungs, which is not done in practically any of the school inspections anywhere in the country. We find that two per cent. of the girls have organic heart disease. In view of this, we are sure that the inspection is very essential. Also if we find a boy whose rate of pulse is too rapid, we keep him away from athletics.

More important than the physical side of the work of the Public Athletic League is the impression it has on the qualities of the boys and girls as they mature. The individual, prior to adolescence, is uppermost. At that time the boys and girls form the gang, and if we are to develop good citizens that is the time to do it. That is the reason that we looked for some opportunity to co-operate with the Bath Commission. The Bath Commission here does more than in some other places, at least in Philadelphia. The Public Bath Commission furnishes instruction in swimming, and there it necessarily stops. The Public Athletic League comes in and furnishes stimulus to greater interest in swimming and makes it a part of the recreation of the community. The Public Bath Commission gets the patrons for its baths, the Public Athletic League comes and supplements that work by fur-

nishing what we term a badge contest in swimming,—we establish standards. A better way to consider that is in relation to the present views on scientific management. We are trying to manage athletics by putting up certain standards for our various types of swimming.

Now in this badge contest we have a definite aim. We have tried in it to use the recreation to constructive ends. We have tried to teach courage and self-reliance by making the swimming of a more comprehensive type than swimming of ten years ago. The boy to get his badge has to swim twenty-five yards within a given time. When he gets the next badge he has to do a back stroke, he has to do a swim of a certain distance in a given time, so as to get enterprise in addition to sport. We have taught them so that they may be able to put to the service of the community what they have learned, by being able to rescue life.

Again we have tried to make this art of swimming popular by giving them advance instruction, for the Public Athletic League uses the same instructors as the Bath Commission, and they give special time for preparing the boys and girls in this advance swimming. We give them this all-around type of contest, and the boy who completes it gets a badge. While the prize is of no intrinsic value, the boy gets a feeling of power every time he makes progress in swimming. It gives him a task equal to his ability and so encourages him to more effort. Waste is eliminated because the boy has a definite aim in his swimming. Finally it brings about a co-operation between the leader and pupil because they are both interested not so much in winning places as in proficiency of the individual. As a result of these group games, we believe we are producing a type of citizenship that is well worth while and we feel that it is worth all our efforts.

DISCUSSION. WEDNESDAY AFTERNOON, MAY 14.

Mr. Beadenkoff:—I would like to suggest that it is probably for most cities an economic question that we are discussing this afternoon. It is a question whether in spending \$75,000, as we are now doing in Baltimore, it is best spent in giving \$25,000 to the Playground Association, \$10,000 or \$15,000 to the Public Athletic League and the other \$40,000 to the Public Bath Commission. Is it best to give it to three separate departments all doing kindred work? You will also note that the Park Board is close kin to the public bath work and the Park Board gets \$150,000 or \$200,000 a year for their work. How far should the question of a unified administration go? That was the purpose of the Committee when they laid this question out and these details that Dr. Hale and Dr. Burdick have given us help to unfold the subject. We hope that Mr. Tutewiler will answer some of the questions in proof of what is actually being done. In Baltimore we represent not a unified administration but a happy family of five or six members. The great park Board which owns, I suppose, 2,000 acres of ground in Baltimore, said to the

Bath Commission, "you must manage this large swimming pool because you are a bath commission." And so we are a manager of that pool. Our management is limited by the fence around the swimming pool. The Athletic League is our next door neighbor; they can answer best what their limitations are, and on the other side is the Baltimore Playground Association. All of us in that one place are under the control of the great Park Board; the Park Board is the father of us all in a certain way. The manager of the Park Board said to us when he transferred the keys, "you are to take this and manage it for us, because you are supposed to know how to manage it better than we. We cannot give it to you, because we are the legal owners of this park, but we have given it to you as far as we can transfer it as long as properly managed." And there is never a hint that we shall be expected to give it back. And now, to repeat, is it better to have all these separate organizations combined into one large management, is it economical and will it be better managed?

Mr. Ashley:—Mr. Chairman:—I would

like to see that question postponed a bit, and I would like to hear and learn the entire financial arrangement of this bath question. It is something that we west of the Alleghanies do not know very much about, and as the secretary very kindly said that we were more interested in getting people who did not know how to equip than in talking about the details, I should like to have some information as to the customary way to initiate and finance these bath centers and to maintain them.

Dr. Baruch:—It is a large question, but I shall be glad to have any member of the association answer it.

Mr. Beadenkoff:—Our report is our reply, and I can send you six or seven of them. It has not been the same in all cities. Here it was partly benevolent and partly municipal. I think Dr. Baruch can tell how it started in New York. In Baltimore it started in a very humble way—a few sheds erected on the harbor beach—and slowly that grew until a benevolent man came along and gave \$200,000.

Mr. Ashley:—There must be some forms that are much more economical than others; there must have been some forms of economical management that have been failures and it would be very wholesome to some of us who might attempt some initiative of this kind to know those that are failures. We would much rather copy some that have been partly successful. I desire to know, primarily, whether in almost all these cases the city has financed these projects in the beginning; I desire to know, secondly, whether they are maintained by city tax or partly by tax and partly by subscription or if the service is either one or the other only.

Dr. Baruch:—I shall be glad to send the gentleman a report on public baths by the Department of Commerce and Labor published in 1904 in which the history and development of nearly all the public baths in the United States is briefly given. So far as my own observance is concerned, I will not go into details except to say, as I am called the father of public baths, that I had a great deal to do with the politicians in the beginning. I went before Mayor Grant in 1890, but without success; then I induced one of the aldermen in New York to have a resolution passed by the Board of Aldermen appropriating \$25,000 for baths. Because the Mayor did not believe the poor people would bathe, although this resolution passed the Board of Aldermen,

he pigeonholed it. I went to his successor, Mayor Gilroy, and he said, "Doctor we would give you baths, if we had any promise that these poor people would bathe." Then I went to work outside the politicians and I read a report before the County Medical Society, giving my views on the subject of the Rain baths, and the A. I. C. P. of New York took the matter up and built a bath. Within a year of that time we proved through this association that the poor people would bathe. The greatest improvement in this line was made by a woman in Chicago, Dr. Gertrude Wellington. I gave her all the points that were necessary, I showed her some of the baths and she had Mayor Swift to pass a resolution to appropriate money and they built the first bath in the United States that was free. That was my contention—that a public bath should be free as a public park. The Harrison Bath in Chicago was built entirely through the initiative of philanthropic and public spirited women who went before the aldermen and got the money. In New York it was initiated through private philanthropies which took up the idea and gave me the privilege of demonstrating to the authorities that the poor people would bathe if they had the opportunity. Then Mayor Strong, who was regarded as the reform candidate, promised the public baths and appointed a committee to build these baths. That went on for a year, and then the committee made a report. There were some objections to building the baths because they had to be built in the public parks, but we visited Mayor Strong again and carried it through to a successful issue. In this way our public baths in New York were started—the first one in Rivington street. 700 thousand bathed there the first year of its existence.

Mr. Ashley:—That is without any charge whatever?

Dr. Baruch:—We used to give them the towels and soap also, but they had not had quite enough baths to be imbued with some of the godliness which Wesley says is the result of cleanliness. We had to withdraw the towels, and now they are bought at little stores in the neighborhood, and they furnish their own towels and bathe just the same. The tradespeople around the baths put out their little signs; they all charge bathers five cents for soap and towels. They can take either or neither. I will send you a copy of this report and I am sure you will find the data in it quite

sufficient to answer your questions and I shall be glad to correspond with you on the subject and give you any information that is required.

Mr. Beadenkoff:—New York baths are the largest, but Baltimore or perhaps Richmond baths are the best. As to the financial question—Baltimore city gives the Public Bath Commission on an average \$55,000 a year. We do not believe that it is necessary to give perfectly free baths. We charge them three cents, when a man is able to pay; if the man cannot pay it, he is given an absolutely free bath. We receive \$20,000 a year in fees, so that our net expense is about \$35,000 a year—that is not absolutely correct every year, but roughly so—and, for that, we give the baths to about 700,000, and the comfort station to another 700,000 or 800,000 people. These figures we will be glad to give you in our annual report. We of course give the soap and towels and the whole cost of them and their washing is included.

Mr. Mason:—I am very much interested in the question of supplying soap and towels. We have provided them, but we found that the loss of towels was very great. Our patrons on the lower East Side will take away the soap and towels, and furthermore we find they buy from the outside a towel that is fairly clean and absolutely sanitary. One point we make is this, we have no right to take a fee from the public at both ends. We tax them in the beginning for the public baths; what right have we then to charge them for what they have already been taxed? That is one of our viewpoints. Should we take money from both ends in order to operate our baths? If we could charge two cents per bath, for the year, with our patronage of six million, we could almost pay two-thirds of our operating expenses.

Dr. Hale:—Mr. President, we have had many years of experience in Brooklyn. There are thieves to be sure, and we were greatly troubled with thieves when I became superintendent, so we are training our superintendents to be pretty careful and we seem to have aroused the public conscience, and we find that the people do not very often steal the towels now. Our losses are not severe. We could do better if I had full control of the situation. I would have every towel made for us and with the name of the bath woven in it so that it could be

identified. The argument as to the taxpayers, I think, is very fallacious. We have in New York an immense subway system and we are going to build more, and we pay taxes on them and all that, but I declare that we cannot let every man ride gratuitously; so for the baths—the fact that they are built by public money is no argument that we should supply soap and towels free and as a public service. You compare the situation in your borough with that in mine. As I have already stated the tradesmen do give you the soap and towels, but they charge five cents for them. If you work that out, you will find that your net revenue will not be as large as you anticipate, and furthermore there are a great many people who do not buy soap and towels, they bring them with them. The bath system is a great public utility, and I hope the recommendation that I made in my report to the Board of Estimates will be adopted throughout the entire city of New York.

Mr. Todd:—I do not think Dr. Hale's illustration is very apt. The subway is not a charitable organization. We are not going in the streets trying to get people to ride in the subway, but we do want them to use the public baths.

Dr. Baruch:—And the bath is called a "public" bath; the subway is not.

Mr. Tutewiler:—We all like to know what is going on somewhere else. Indianapolis is an inland city of some 260,000 inhabitants. We have no water except about once in ten years when we have a flood. We have two rivers and two small creeks that run through the city. For the last ten years the dredging scows have been taking sand and gravel out of the river and creek, in some places making holes eighty or ninety feet deep. These holes have been the source of great danger. In 1905 our first public bathing place or protected swimming pool was established. Something has been said here about politics and the trouble of getting appropriations, etc., and I want to talk briefly on the experiences we had at that time. Our Mayor was of one political party and the people who advocated protected swimming places were another, but neither side would act for fear the other would get the credit. About this time, when the authorities were wrangling about whether they were to make an appropriation or not, I started a place, not

a man, and a swimming hole that the boys selected themselves and put a lifeguard in charge. The place became so popular that the citizens formed a public bath association and collected enough money to build a bath out of an interesting ruin. The Council passed an appropriation for it but about that time I went off on my vacation, and the secretary of the Public Bath Association wrote me that the Council had appropriated the money, but the city would not do anything. They were waiting and did not know whether they would spend it that year or not. He could not get any money to run the place. I suggested to him that he form a committee which would consist of the pastor of the church to which the Mayor belonged and the pastor of the church to which the Comptroller belonged and some prominent business men to give the committee character and get the committee to interview the city authorities. The committee was formed and finally persuaded the city authorities to take over the place we had started.

The next effort made along that line a public spirited citizen bought an old swimming hole that had been on the stream from which the city gets its water supply. That place proved very popular. A fee of fifteen cents was charged which made it self-sustaining. That place was not run, however, by the city, but by an organization known as the Children's Aid Association.

About this time the legislature passed a law creating a Playground and Public Bath Commission. This commission proved to be an absolute failure because neither department had entire control and neither would give anything for the support of the work. The next legislature came around and we succeeded in getting another law through that gave the city of Indianapolis a special tax of a half cent. This was a special fund and could not be diverted. It did not revert into the general treasury, and the expenditure of it was placed upon the Board of Public Health and Charities. The reason that was done was because neither the Park Board nor the School Board showed any disposition to help along. Last year was the first year any of this fund was available to do any work at all. The year before we had no money, but we had no bathhouses, all of them were gone. We succeeded in getting an appropriation from the Council of \$1,200. With that \$1,200 we fixed up an old gas tank. The old stone

walls had been left. It was one hundred and twenty feet deep and 137 feet in diameter. The gas company owned part of it and had dumped thousands of tons of cinders in it. To save expense in getting water into the place we got the Board of Public Works to give us the use of a fire plug, otherwise we would have had to take the water from the mains and gotten under a concrete sidewalk, etc., at a great deal of expense. We got this fire plug and ran the water into the tank through a pipe. At this time we did not have money enough to build a fence around it, but "necessity is the mother of invention" and we made arrangements with the bill posting company to build a wall around it. One concern gave the pipe we needed. A branch of the pipe goes around and forms a good rail around the top of the tank. This provides the shower baths with water. It took nearly six hundred feet of pipe to go around the tank. Every night the sewer drain is opened at the bottom and the fire plug is opened on the other side. During the day there is a surface drain working all the time. Another feature about the tank is the shower baths. The boys cannot go into the place without going through two shower baths, and if they are particularly dirty they are held up and made to wash themselves thoroughly so that before they go into the tank they are clean.

We put in a false bottom, grading it so that on one side it is two and a half feet deep, while it is seven feet deep on the other.

We have a number of bathing places with temporary dressing rooms with lifeguards, who have taken care of a great many boys. Last year, about the 24th of May, before anyone thought of going bathing we had lifeguards patrol along the river. Along the streams and rivers, as I have said, there are deep holes and although we have the bathing places in the safe part of the river, the boys go in other places and get in the holes and drown. These lifeguards found a number of men and boys congregated along the river and rescued several of them from drowning.

I bought a launch this year, as two of these streams can be made navigable with very little dredging, for the purpose of patrolling the stream and making these boys keep out of the dangerous places and stay where they belong, at the places where there are lifeguards to protect them. At the time

of the flood a couple of weeks ago, the superintendent of police was anxious to get a boat. He called for me and I took him down some life preservers and a lot of rope, but he was anxious for a boat and could not get any. I happened to think about this launch and offered him the use of it

and it was the means of saving eight hundred to a thousand marooned women and children who could not otherwise have gotten food and water. A row boat could not have lived in the water, so that the purchase of this patrol boat turned out to be very fortunate.

CORRESPONDENCE.

To the Editor of the
Dietetic and Hygienic Gazette.

Dear Sir:

I am extremely gratified to see that you are publishing the very interesting and valuable paper read before the American Association for Promoting Hygiene and Public Baths at our Baltimore meeting, and I have subscribed to the magazine for a period of five years from date.

As one of the founders of this Association, it occurs to me that your readers might like to learn something about it. The Association grew out of a movement by Rev. Thomas M. Beadenkoff, Superintendent of Public Baths of Baltimore, for a conference of the bath officials of that and other cities, at New York on May 14th, 1912. Owing to Dr. Baruch's long, earnest and successful propaganda for public baths, I interested him in the movement, and Mr. Beadenkoff magnanimously joined me in securing Dr. Baruch's election as president, which I again moved at the Baltimore meeting and was supported by the united vote of the Association.

This organization was in part modeled after that of the American Association for the Advancement of Science in that a permanent secretary, elected for a term of five years, was provided for; as it seemed that such an officer would give the stability to the Association. This, of course, was before any election of officers was held. But, inasmuch as some of our members do not seem to understand this, it seems to me that it is proper to explain it.

My position, of course, puts me in a position to feel the public pulse; and I feel more than repaid for the great amount of gratuitous labor I have bestowed in building up the Association, by the reports coming to me from time to time from remote parts of America and also from Europe, indicative of the great and world-wide interest in our work.

The Association was officially represented at the First International Conference on Public and School Baths, held at The Hague, Holland, in 1912, by Mr. Beadenkoff, Dr. Wm. P. Gerhardt and myself, and I was also appointed to represent New York City and to take thither an exhibit from the city.

I feel that the coöperation of your Gazette is epoch-making, and I hope that the publicity you are giving us may induce a great increase in membership. The German Association has many thousand members. Our own already includes most of the leading bath officials and many of the leading sanitarians of the country, but the number of members should be greatly augmented, as annual dues are only \$1.00, and, inasmuch as you are giving special rates of subscription to your valuable journal, this should be a great help also.

The constitution fixes the date of our annual meeting as the second Tuesday of May in each year. This, then, makes May 12th the date for this year, and the meeting will be held at Newark, N. J.

Yours truly,

WM. H. HALE,
Permanent Secretary.

The Municipal Building,
Brooklyn, N. Y.
Feb. 2, 1914.

VALUE OF "CIVIC HEALTH."

IN our present enlightenment, men seeking homes and manufacturers casting about for the location of industries are more and more making healthfulness a prerequisite to their selection. A great industrial company, contemplating a change in location for their plant, sent a committee of intelligent work-

men to inspect the town under consideration. The committee gave an adverse report because they were unable to ascertain anything which was definite in regard to the health of the place and because the statements of citizens were conflicting.—Birth and Death Bookkeeping, bulletin issued by Association of Life-Insurance Presidents.

MENTAL BALANCE ON THE SUBJECT OF DISEASE.

BY WATERS F. BURROWS, M. D.

PREVENTION and cure of disease and the dissemination of knowledge concerning hygiene and prophylaxis makes the conclusion assured that mankind lives to-day in an age when health is more general and disease less prevalent. However, lives are still sacrificed to such preventable afflictions as tuberculosis, the multiple ills, poor health and lowered resistance which follow stomach, colonic and rectal disturbances, and from abdominal conditions, stomach ulcer, gall stones or chronic appendicitis, permitted to remain until complications ensue and the dangers of relief have become surer, while stiffening muscles, neuralgias, crippling joint disease, nervous debilities, hardening arteries and closely allied old age are associated with preventable digestive disturbances.

The chronic invalid suffers much from incompetent knowledge of essential facts, for his thoughts have long been introspective and, unduly influenced by reaffirmations of some cure in others, he grasps at the hope inspired by any supposedly new discovery and is nearly as often doomed to disappointment. With a broader conception of health and laws regulating it and a lessened regard for disease and methods of curing it, much mental distress and many physical ailments, leading to chronic debility, will be eliminated. Actual ignorance is preferable to continued thoughts upon sickness but it is useless to deny the existence of disease, as is done by the adherents of certain cults with whom constant brooding upon the "absence" of disease leads to its realities being stamped upon the mind. The Christian Scientist presents the extreme to which individuals may go when they concern themselves with pathology, disease and morbid mental states.

A little knowledge is a dangerous thing but were it not for the positive harm which sometimes ensues when the sick attempt to balance their opinion with the suggestions

of the trained surgeon or physician, it would be unnecessary to recall the fatal delays or complications to which procrastination leads. A more general and clearer conception of physiology and hygiene is required and such will not cause abnormal minds, depression, nor self-centering but on the contrary it results in the satisfaction associated with knowledge as distinct from superstition. Then the average individual will not regard, as at present, abdominal distress or pain as an indication of "indigestion," "stomach trouble," "biliousness," or "ptomaine poisoning," but will realize that constipation, with slowing of the intestinal current and flooding of the body with bowel toxins, or abdominal inflammation, frequently in colon, appendix or gall bladder, is the irritation without which the stomach is seldom involved, and that neurasthenia, nervous prostration, many headaches and debility are due to definite, curable intestinal and hepatic insufficiencies, most frequently associated with abdominal displacements, and bowel stagnation.

However, although physiology and hygiene are wholesome subjects to study, pathology, or the study of disease, has a very different effect. A man is as he thinketh is illustrated by those individuals who, untrained to deal with the problems of disease, are continually delving in matters depressing and better avoided. Such abnormal men and women consider disease with thought fixed upon themselves, fitting the symptoms to their own supposed ailment and making rational treatment more difficult. Many such patients need solely advice and this should be "the structure of your body (anatomy), its method of working (physiology), the manner of correct living, eating, drinking and sleeping (hygiene), and the laws for the preservation of health and life (prophylaxis) are suitable subjects for study, but thinking upon, fathoming and acting preventable diseases

(pathology) and meditating upon symptoms reacts injuriously upon yourselves."

Disease cannot be eliminated but a knowledge of the subjects referred to will do much to prevent or control it. The problem in detail can wisely be delegated to the conscientious physician or surgeon, although there are symptoms such as common aches and pains, or minor ailments which appear like vital ones, concerning which it is unnecessary to be alarmed. However, with a correct understanding of physiological and hygienic elements these anxieties are avoided or, when required, the physician is called without delay. The individual to emulate is the one who, occupied by daily duties and with wholesome diversions, avoids, when possible, the more sinister, melancholy and depressing facts of life as portrayed in the daily press and periodicals. All realize the power which the mind, or its medium the press, exerts for good or ill, and consciously or unconsciously each one is the recipient of the effects of such a force. The danger, however, consists not in the influence of "mind over matter" but in the possibility of a deleterious control of mind over mind.

Many patients persuade themselves that theirs is a most unique or dangerous affliction and one seldom visited with the same severity upon their fellows. This follows from the reality of disease and the distress accompanying it which only the sufferer can fully comprehend and the inability to realize to the same extent the troubles of others. It also follows that the patient relieved of pain is more grateful and more often believes he has been in great danger, than the one who has not thus suffered. Pain, however, is by no means the most important or frequent sign that life is insecure and death comes to the great majority without mental or physical suffering.

The false feeling of security, when pain is absent, often leads to neglect, not only in consulting the surgeon when necessary but in carrying out his instructions. In the treatment of constipation and digestive disturbances the writer finds many rectal conditions which have been long disregarded until pain supervenes or some grave complication has resulted. All common rectal diseases in his practice such as hemorrhoids, fissure, fistula, ulcer, itching skin lesions and abscess, are operated upon in the office without pain or detention of the patient from his usual occupation but frequently it is found that, if pain is absent, discomfort,

hemorrhage, constipation or continued ill health have been complacently suffered until some complication necessitates relief.

Recovery from acute disease is always a probability through nature's aid alone, although much can be done to hasten recuperation, lessen suffering and prevent complications, but in chronic conditions physical, medical or surgical forms of treatment are required, however one realizes that these are but the intelligent recourse to nature's means of restoring health. Therefore conservatism by the surgeon rather than radicalism is the more natural method, demanding more skill than the latter but frequently being misinterpreted by the patient who forgets the laws regulating health and its attainment. The patient recovering, after operation, rapidly, with little pain, without complications and with good functional results realizes least, as a rule, the surgical skill required, whereas with a long convalescence, pain, serious complications and a less satisfactory outcome, the more satisfied often the individual and convinced that a most dangerous and peculiar affliction has been recovered from. As a means of shortening one third convalescence, after abdominal operations, raising the head of the bed twelve to eighteen inches and soon having the patient in the sitting posture are to be urged, for in addition dangerous operative sequelae, pulmonary complications, gastro-intestinal derangements and interference with liver and kidney functions are thus avoided. But without an understanding of the rationale of such steps the average individual will be unduly alarmed, regarding particularly the strength of his wound which is, however, never injured thereby.

Perhaps there is no disease so dreaded by the physician as cancer and largely on account of his inability to understand it, while likewise many a patient suffers mental distress from a lack of information upon more simple subjects. Ignorance always tends toward superstition and fear, and these the sufferer can be relieved of, to a large extent, by more exact knowledge. With the comprehension of some of the essential facts concerning physiology and hygiene, greater confidence and a rational aspect of the problem of disease, when it occurs, and its treatment, are attained, mental suffering dispelled and chronic disease, causing nervous and physical impairment, made less frequent.

40 East 62nd Street, New York.

"NOTHING BUT A COLD."*

BY JOHN B. HUBER, A.M., M.D.

THE neglected cold, considering its consequences, is the most serious ailment in existence; could the sum total in suffering, loss of dollars and cents, inconvenience and fatal results (though generally remote) be realized, no one in his senses would say the common cold is a trifling thing.

The common cold leads to many diseases; it predisposes to them by weakening the body, and especially by destroying the functions protective against germs, of the membranes of the nose and throat. Consider only two of these diseases—pneumonia and consumption.

Pneumonia has a death rate often equaling and sometimes even exceeding that of consumption. Pneumonia takes its greatest toll in changeable weather; merely cold weather does not yield many pneumonia cases. Arctic explorers never contract pneumonia—not while at or near the poles. If they do it is after they get back to civilization, where the germs are. The alternating cold and warm days, the windy days when there is plenty of germ-harboring dust—such give ideal conditions for the development of the common cold, the ordinary catarrh; and these conditions are also those in which pneumonia thrives best.

Nevertheless consumption, the Captain of the Men of Death, holds the greatest record for human suffering and human fatality. Pneumonia counts its victims in all life periods—in infancy and childhood and old age as well as at any other time. It is one of the two or three "terminal diseases." But consumption destroys mostly the youth, the wage earner in the prime of life, the mother—men and women doing the world's work. Think of it—from the beginning of history, and probably many centuries before, consumption has been claiming every third or fourth white life between the fifteenth and the fiftieth years; and for several centuries past—that is, since the white man started in to civilize the negro, every other adult negro life.

But how does the common, the neglected cold, lead to consumption, or tuberculosis? Here is an example, a case as instructive as it is typical: A young girl had caught

cold. Everyone knows the symptoms, which begin with the nose and go down until the cold settles on the chest. Sneezing, stuffed up nostrils, headache, coryza, at first dry throat, with difficulty in swallowing and in speaking, cough, chills and fever, alternating pain in the chest and in the bones and joints—from the poison of the infection in the blood. Now this poor girl paid little attention to this "slight ailment;" she felt she could not afford to, because she had to work for a living. She would not, or she could not, in the cruel economic conditions surrounding her, stay at home, go to bed and nurse her cold until her health could be fully restored. She neglected this really grave condition until a several-fold tragedy resulted.

Instead of resting at home she kept on working in a shop next another girl, who had consumption. Now this other girl, poor thing, was ignorant and untrained in the prevention of consumption, in what consumptives must do so as not to give the disease to others. She coughed into the air about her working place, and was careless as to the disposition of her sputum. The germ of consumption was thus spread about by her; and naturally any predisposed person sitting and working near her day by day and week by week must eventually become subject to the tuberculous infection.

And this pitiable result was precisely what came to pass. The poor young woman who was letting her cold hang on, became predisposed, as the doctors say, by reason of this neglect. And her catarrhal mucous membranes now provided an ideal soil for the implantation of the consumption germs.

So then, her languor increased day by day; she had no longer her former eagerness for work; she could not as before concentrate her energies upon her task; for the truth is she had little reserve energy to start with, worn out body that she was! Now she was becoming easily exhausted; she was losing weight; she was becoming pale except for an unwonted pink flush; she felt her heart beat rapidly and she was beginning to pant on any exertion. The chills became very pronounced; also the fever. She was constantly perspiring; and her cough, which she, poor sick young woman, was trying to believe was a stomach cough, coming from indigestion, was

* A Public Lecture, given under the auspices of the Medical Society of the Borough of the Bronx, New York.

becoming persistent and was giving her no rest, despite the syrups and the patent medicines she was using. Finally she found a streak of blood in her sputum; and then, in a dreadful fright, she did what she should have done months before—she went to her doctor who had then, all too late, to tell her the truth.

Now this poor girl was of a family of six. She died. Her father was a drunkard; alcohol easily predisposes to consumption, which he contracted from his daughter; and he died. The mother also came down with consumption, and died. And a strong son of eighteen suffered the same fate—death from consumption. All there was left of that family was a little boy of six years, who had a tuberculous knee-joint, from which he fortunately recovered.

This is the history of a neglected cold; to start with it was nothing but "a cold." And every doctor has to see like cases with really appalling frequency.

Colds seem to be the exclusive privilege of civilization. The human race probably didn't snuffle much until it began to build houses and to wear clothes. The next step toward disease was when houses began to be heated. Then, instead of a glorious, healthy, vigorous battling with the elements, people crowded into these superheated houses; and then they began to get acquainted with colds. Fresh air abounds all over the surface of God's earth, except in the houses which man has built. Not fresh air, but the want of it, is the cause of many diseases. Fresh air, together with sunshine are nature's disinfectants; and none better have ever been invented.

House air that is breathed over and over again soon becomes poisonous; nor is cold air pure just because it's cold—it needs renewal the same as warm air does. "The stove is a mesmerist that plays no small part in the reduction of human beings to a state of idiocy. The mephitic vapors in the atmosphere of a crowded room contribute in no small degree to bring about a gradual deterioration of intelligences; the brain that gives off the largest quantity of nitrogen asphyxiates the others, in the long run." Perhaps you think this quotation is from one of the up-to-date books on hygiene. Not at all. It was written in a novel by de

Balzac, seventy years before our modern systems of sanitation were even dreamed of. Yet it is as sound in science as any statement that has just appeared in print.

In these comfortable and enervating houses people were constantly rebreathing their own poisonous exhalations, mingled with those of their family, the boarders, and such animal friends as they could not bear to see suffer in the raging elements without. Then coughing and sneezing, by which particles of germ-laden material were disseminated helped along considerably.

Next in order came the fetish about night air; so that sleeping rooms were kept hermetically sealed. What air has the good Lord given us to breathe at night, if not night air!

Then people came more and more to overburden themselves with clothes; in which they would collect germs, that would thus be added to the assortments in the house.

A very great element in the catching of colds has been the disturbance of the body's equilibrium through passing from the superheated home, where one gets a perspiration, into the freezing air outside. Healthy living is the constant and right adjustment of internal relations to external relations. Normal relations are thrown completely out of gear by the process just stated.

The common cold is a catarrh. Sometimes there is a nervous element in such suffering. People nervously exhausted—neurasthenic—are apt to get a catarrh in the fall and to not to get rid of it until the spring is well on. Such folk will have a nervous catarrh simply from the apprehension of catching cold.

But most colds are the results of germ-infection invading a run-down predisposed body. Many different germs have been isolated in catarrhal exudates under the microscope. As in all infections, people differ greatly in susceptibility. Many are absolutely immune; don't know what a cold means, however much they are exposed to microbes. Others are constantly snorting and blowing their noses from November to April.

There are misguided citizens who consider the right way to breathe is through

the mouth; others can't help themselves because they have habitually congested and otherwise unhealthy throats. All such people are very predisposed prone to take cold.

Food has a great deal to do with catarrhs. Eating indigestible foods—shell fish, Welsh rarebits and the like; overeating and, on the other hand, not eating enough—these engender the catarrhal habit, through the absorption into the blood and lymph of the poisons generated from undigested or indigestible material. Many a man has got a fatal cold, one ending in a pneumonia, from a too generous meal, helped along with even more generous potations. In such a case there is undue stimulation, followed by reaction with perspiration, which lets the cold air in to chill the vast peripheral sea of blood which courses through the capillaries just under the skin.

All very young children of the poor have more or less catarrh; which would oftentimes not be the case if starches and sweets were reduced in their dietary. It is not so much that they are starved, as that their food is improper for them.

Bad teeth are an enormous factor in the development of colds. It is amazing how many varieties of germs lurk about unclean teeth. Many a cold is got, and many a chronic catarrh is kept up for this reason alone.

It is in every one's experience that there are epidemics of colds. From one case alone practically the whole force of an office, a workshop or a factory, will presently be suffering, and that acutely too. An employee coming into the office sneezing, snuffling, thick of speech, had best be sent home until he is recovered, no matter at what sacrifice; it will be found to pay in the end.

Now, what shall be done to prevent colds and catarrhs?

The first thing to do, in so far as modern living conditions will permit, is to live the physiological life. This is to rise betimes, bathe well, eat slowly three meals of wholesome food a day; be in the sun and open air a great deal; drink generously of water, at least between meals.

One should be very moderate in, and should if possible abstain from the use of alcohol and tobacco. Tea, the tipple of women, is drank a great deal too much.

One should avoid dusty, damp or foul air; should work only in rooms well ventilated; should go to bed early and sleep

at least eight hours; should wear suitable underclothing (wool, or half wool, half silk, all linen) all the year round, thick in the winter, thin in the summer. The night wear should be warm and of course changed from that of the day. Woolen socks should be worn in bed if the feet are cold.

It is very bad indeed to get the feet wet. Warm footwear and stout, watertight shoes, preferably with cork soles, should be worn. Many women will not, but all women should wear "arctics" or something of the kind in wet or snowy weather. "Put your chest protector on your feet;" cover your chest well, of course, but not so much that free respiration (upon which good health so much depends) will be impeded.

Sleep with the windows wide open. Yet draughts must be avoided for all but the very robust; this is easily arranged for by the use of a screen or of a clothes horse draped with a blanket.

By living out of doors as much as possible one can do more work without fatigue and digest coarser food than is possible for the man with sedentary habits. Pure air means the greatest possible oxygen content; and this means pure blood; and this in turn means the conversion of oxygen and wholesome nutriment into a virile and healthy constitution.

Plain food is indicated for those of a catarrhal habit; no starches nor sugars for them, or at any rate these things in moderation.

A cold sponge on rising is a good tonic. This helps the skin in its important functions of respiration, secretion and excretion. The bathroom should always be warm; and vigorous friction with a rough towel should follow the ablution. A cold bath in a chilly room may depress a weak system; here tepid water should be substituted, until one is accustomed to the cold water. The feeble might stand, while taking a cold sponge bath, in a tub in which there is very warm water up to the ankles.

One may escape colds by avoiding the infective agencies. When the papers tell of an epidemic, cars, theatres and public buildings had best be entered as little as possible; the imperfect ventilation in most of these structures renders them hotbeds of infection.

Never eat without having first washed the hands. Children should be taught not to swap things to eat, pencils or anything else, that may be put into the mouth.

RURAL SANITATION.

TO IMPROVE RURAL HEALTH PROTECTION.

The need for a division of rural hygiene in the State Department of Health with adequate appropriations, for the purpose of applying modern sanitary methods to rural public health work was strongly urged by Dr. Hermann M. Biggs, State Commissioner of Health at Governor Glynn's conference on Agriculture and Allied Matters held recently in the Executive Chamber, according to the New York State Charities Aid Association. He presented figures to show that while the death rate in the cities of the State had decreased, the rural death rate had increased. The rate up-state increased last year from 15.5 to 15.8 per 1,000 population. The rate in New York City fell from 14.1 to 13.7 per 1,000 population.

If the death rate in the rest of the State had been as low as the death rate in New York City there would have been 7,975 fewer deaths in the State outside of New York. If the rural and village death rate had been as low as that in New York City the rural portion of the State would today be 3,921 human lives richer than it is now.

Rural Health Protection Needed.

Dr. Biggs pointed out that in the country each dwelling house is a unit, just as the city is a unit. Each dweller in the country must provide for himself, water supply and sewage disposal, which the city provides for its residents. Through their health departments residents of the city are afforded health protection in both these particulars, among others, by the application of the results of scientific investigation. Such protection is not now given to rural dwellers but the farmer has as much right as the city resident to the best health protection that modern science affords.

By extending to the country, through a division of rural hygiene, the health advantages so long enjoyed by the cities, Dr. Biggs believes that the death rate and the sickness rate in the country can be very much decreased and the efficiency of the community proportionately improved.

Grange Already Active.

The health situation in rural New York has twice been presented to the State Grange by its Anti-Tuberculosis Committee. Last year the Grange, at the request of its committee, passed a resolution requesting the Public Health Commission to devise

some method by which the advantages of public health nursing might be enjoyed by the rural portion of the State. In response to this request the Commission wrote into the new public health law a provision permitting the employment of public health nurses by town and village health officers.

Grange leaders and others interested in rural problems in this State who attended the Governor's conference, discussed with much interest the facts presented by the Health Commissioner and it is not unlikely that the Grange, at its February meeting in Poughkeepsie, will take some action looking to improvement in rural public health practice.

In discussing the need for a division of rural hygiene in the State Department of Health, Dr. Biggs said:

"Up to this time the rural districts, not only in this State but throughout the country, have received scarcely any attention from sanitary authorities. As a result we find that sanitary conditions there are scarcely different from those which existed in comparatively early times.

Cities Ahead in Health Work.

"The great cities, notwithstanding their density of population and large percentage of foreigners ignorant of our laws and language, have entirely outstripped the country districts. Not only is the death rate in the country relatively higher than that in the cities but the birth rate is lower.

"New York City's death rate is materially lower than that of the rural districts of the State. Through a long series of years the death rate of the metropolis has been slowly but steadily declining until last year it was 13.7 out of each thousand of the population. On the contrary, in the rural districts not only has the death rate not declined but it has slowly increased.

"This is the case, notwithstanding the fact that some districts of New York City have a population running from 800 to 1,600 to the acre, that is, there are more people crowded into one acre than there are in some of our up-state villages extending over a square mile. It must be remembered also that this dense population is composed almost entirely of foreigners who have been in this country a comparatively short time, who speak a foreign language and who retain their foreign customs. Last year, in spite of these disadvantages, there was a

decrease in the death rate of New York City of about a half point. In the rest of the State there was an increase of about a half point.

"This means that all of the numerous natural health advantages which the country districts possess, and which should make the rural death rate lower than the city

rate, have been more than counter-balanced in the city by the practical application of the results of modern scientific investigation. It seems to me that the time has now arrived when modern public health work should be extended to the rural districts for the benefit of the residents of the small villages and farms."

THE SAN DIEGO EXPOSITION.

ANALYSIS of the "high cost of living," writes Clyde R. Osborn in *Harper's Weekly*, shows the main causes to be the enormous growth of our cities and the consequent depopulation of our rural communities. The mission of the San Diego Exposition is expected to be instrumental in turning the tide—and that by tangible, convincing demonstrations of the joys, the rewards and the possibilities of rural life to-day. Elaborate outdoor exhibits will illustrate the most successful systems of reclamation, irrigation, pumping and distributing. Modern methods of tillage, farming and fruit-raising in every branch, and the marketing of products as well, will be shown in every detail.

The wonderfully efficient farm machinery that so lightens the agriculturist's burden will be exhibited in actual use. Model farms will go through their daily routine, raising, storing and marketing crops, for the education of visitors. The "Little Landers" will have a farm on the grounds by which it is expected to prove that a single acre properly cultivated will yield a living for the average family.

The principal industrial exhibits will be of exceptional educational value along the same lines; for this exposition will be one of processes rather than of products. For example: The International Harvester Company of America has five acres, on which are being planted alfalfa, grain and an orchard. In the last will be demonstrated their orchard tillage instruments and tractors; on the rest of their ground their hay and grain machinery will be in actual use.

On other parts of the grounds mammoth tractors will demonstrate their plows, seeders, harrows and various other implements in operation. So far as possible, all demonstrators will be required to make active demonstrations, and some of these will be upon a very large scale. The exposition intends to go further than inspiring in its visitors a desire to return to the land. It will show, by huge maps and convincing data, the possibilities awaiting the homeseeker in every part of the United States, the character and approximate value of land in every county and township, and the product to which each is best adapted. The scope of this vast text-book of opportunity is national. The Easterner will be shown where, in his own state, there is potential, uncultivated lands. In this exposition (which, though it will be held in the same year as the San Francisco World's Fair, will be in no sense a competitor, but rather a complement), the man interested in producing the great staples of life,—the stock-grower, the farmer, the fruit-raiser, the market-gardener—will find a complete digest of the opportunities awaiting him in this country.

"In short, the prime aim and ultimate object of the San Diego Exposition is to foster the 'back to the soil' movement; first, by actively demonstrating the rewards in health and wealth and contentment that await him who goes back to nature; second, by telling him where he can go with the capital at his command and secure the particular home or type of farm that appeals to him."

THE LEISURE HOUR.

HISTORY, PHILOSOPHY, FICTION, HUMOR, SATIRE, POETRY.

LEISURE HOUR WAS FOUNDED IN THE BELIEF THAT THE PHYSICIAN IS BUT HUMAN; THAT HE LOVES THE BEAUTIFUL IN THOUGHT AND SENTIMENT AS EXPRESSED IN LITERATURE, AND THAT HE IS AT TIMES SURFEITED WITH TECHNICAL MATTER. SHORT, CRISP CONTRIBUTIONS ON ANY OF THE SUBJECTS NAMED IN THE SUB-HEADING ARE INVITED TO THIS DEPARTMENT.

A CITY AND TOWN PLANNING CONFERENCE.

A VALUABLE report of the recent city and town planning conference held in Ghent, Belgium, by our consul, H. Abert Johnson, gives much valuable information to the sanitarian. Many governments and very many cities, as antipodal as Japan and Chile, as Aberdeen and Adelaide in Australia, were represented. The organizers of the congress believed that, in view of the advancement of civilization, problems of a similar character must be encountered by the administrative departments of all important civic centres; and that the solution of any one of these many complex problems by one city would be appreciable in a general way, at least, to other communities. It was therefore considered highly desirable that all those interested in civic development should assemble for a mutual interchange of ideas and experiences.

The first section of the congress considered: the construction of cities, especially as regards their systematic and progressive extension; the dimensions and directions of streets, especially with reference to the city's traffic; the disposition to be made of vacant lots; the matter of choosing appropriate sites for the erection of public edifices and the harmonious inter-relation of such structures; height of buildings; the extension of railway lines within the city's limits; the different classes of towns and villages—so-called garden cities, industrial or manufacturing towns, summer resorts, farming villages, etc.; the question of the preservation of interesting old quarters of a city; the subject of inducing private owners to take measures to keep intact buildings having any special aesthetic or archaeological interest attached to them.

The congress's second section discussed municipal administration; the judicial systems and procedure applicable to cities; the management of civic finances, including matters relating to the sources of incomes (such as taxes and licenses); salaries of municipal employees; and all questions relating to concessions.

P. Otlet, secretary of the Central Bureau of International Associations, established at Brussels, demonstrated that all municipal activity exercised with a view to improving urban conditions could be divided into three distinct stages: (1) Educating public opinion; (2) stimulating and keeping alive public interest; the expression of "international humanitarian sentiments." Public lectures, he declared, should be given to keep the electorate interested in the subject; these lectures should be organized under the auspices of the International Municipal Bureau.

Dr. Matthey, the delegate from the city of Nice, referred to the question of supplying an adequate quantity of sunlight to the streets and buildings of cities and advocated relatively lower structures and wider streets, since the general health of a city depends, as a rule, on the action of the sun's rays. Dr. Stubben, a German delegate, favored having the streets, especially in the residential sections of a city, run mainly north and south, in order that the dwellings erected on them could have the benefit of the sun's rays on one side of the house in the forenoon and on the other side in the afternoon. M. Rey, an architect of the city of Paris, considered that the regulation of the width of streets was largely an astronomical question, since the object in view was to stimulate the germicidal action of the solar rays; and he set forth the principles that should control the supply of light and ventilation needed by different classes of buildings in modern cities, claiming that an inclined ceiling markedly facilitated the circulation of air in a room. He held that the question of sanitary housing was a matter of vital interest to three-quarters of a billion of people; and that in New York City 349,000 tenanted bedrooms had been discovered into which the direct rays of the sun never penetrated. (There are certainly not that number in New York to-day.) The size of windows and openings, instead of being determined in a haphazard way, should be de-

signed in accordance with the room's dimensions. Especially important is it that kitchen ceilings should be constructed on an incline. And the stairway is a vertical street which should receive the highest possible degree of ventilation, and should be the means of ventilating the apartments in the building. In laying out the streets M. Rey agreed that the sun's course should be the controlling factor; the sun, according to the latitude of the locality, should determine the direction and width of the streets, as well as the height of the buildings.

Professor Hulin de Loo called attention to a type of apartment houses at a moderately low rental, in which each apartment, so far as salubrity and exposure to the sun's rays were concerned, possessed all the advantages of an isolated edifice. According to this plan, on a proportionately deep lot, two parallel sections of the dwelling can be erected, with an open space between, closed at one end and resembling an elongated U, between the branches of which could be arranged an attractive garden or parking. This type is largely used in London.

FISH FOR BEEF.

DR. CARL ALSBURG, the head of the Bureau of Chemistry of the Department of Agriculture in Washington, is strong for overcoming our national prejudice against certain fish that are plentiful and in many cases are used freely by other countries, according to Honoré Wiltse in *Harper's Weekly*.

Why eat the oyster and spurn the sea mussel? In Europe the latter is eaten in vast quantities; is delicious too. It should take no more courage to eat the first mussel than the first oyster.

Then there is the dogfish. It belongs to the shark family and its favorite diet is lobster. We call it the dogfish just because it doesn't resemble a dog. The lobster is threatened with extinction—unless man can be persuaded to eat the dogfish. Its flesh is very sweet and delicate, and it can be cut in steaks like the cod. Besides being a splendid food the dogfish so abounds on our coasts that it should be used as a fertilizer also. The oil from its liver is as good as cod liver oil.

The sword fish is eaten in Mediterranean countries; his flesh is peculiarly tender and well flavored.

The big pectoral fins of the skate are such good eating that great quantities of him are sold in England and France and Italy. The Italians in New York City demand him. He grows abundantly on our coasts.

The squid is a soul-terrifying creature,

with a rolling, prominent eye, with eight or ten arms furnished with suckers and an ink bag to bemurk his enemies with. Yet some southern peoples have found his tentacles, roasted, to be excellent.

Abalones abound on the Pacific coast; whilst Americans do not eat them the Chinese devour them with gusto. As a matter of fact the Abalone stands close to the oyster in food value.

The oyster is in many ways the prince of sea foods; a quart of oysters contains about the same food value as a quart of milk or three-quarters of a pound of beef.

As regards the relative value of sea foods and meat the only considerable difference is in the fat which goes with the meat. Fish and meat are about equally digestible. It takes about six pounds of sirloin steak and about an equal amount of codfish to furnish a pound of protein, and cod is about sixteen cents a pound where sirloin costs thirty cents. Herring has the same nitrogen value as pork, and mackerel nearly as much.

There is no warrant for the popular notion that fish is a brain food because of the phosphorus in it. Fish have no more phosphorus in their flesh than other food animals; nor is phosphorus, anyway, any more essential to the brain than nitrogen or potassium or any other element.

The Bureau of Chemistry is starting a campaign regarding the packing, marketing and refrigeration of fish food that has up to

now been little investigated. Many facts will be forced on fishermen and the public. For instance:

Fish caught by gill nets and allowed to die slowly under water decompose easily, as also do fish landed alive and allowed to die slowly. Fish killed immediately after catching keep the best and their flavor is better. Fish should not be kept at a temperature over 25 degrees F.; but oysters should not be frozen. Oysters deteriorate very rapidly when taken from the water, especially when in spawn; though they are considered very palatable when in spawn.

The fear that the oyster is a source of disease and is not a safe food is undoubtedly a factor that adds to the high cost of living. Oysters should be plentiful, cheap and much eaten. The great bulk of those sold are wholesome; the number of beds where pollution is even possible is small indeed. Thousands of acres of shallow waters are available all along our seaboard for oyster beds and the oyster producing possibilities of the Gulf States have scarcely been touched.

The Department of Agriculture is going to deal with the oyster situation in a new and constructive way. Under the old way shippers of inferior oysters were punished; but nothing was done to help producers keep oysters wholesome. The first thing that will now be done will be to learn what beds from Cape Cod to Texas are polluted; then interstate commerce from these beds will be controlled—and such publicity will prevent local sales.

It will next be seen to that the oysters from wholesome beds will be handled in a sanitary way. Thus should public confidence be restored, and the oyster industry will increase and do its share toward making up for our beef loss.

Dr. Alsburg's ideal is not to stop with punishing the offender. People must be protected, of course, from tainted oysters. But in getting after the wrongdoer, the chief proposes to aid all the producers of wholesome oysters to increase their business. This idea of helpfulness and co-operation will go a long way toward increasing not only the oyster business but the fish industry in general.

WISDOM OF NIPPON. The following Japanese advice, which teaches how to live to be 100 at least, was published in the *Jifi Shinpo*:

- I. Arise and retire early.
- II. Sleep six to seven hours daily in a room perfectly dark and with open windows.
- III. Spend as much time as possible in the open air.
- IV. Eat meat only once a day.
- V. Drink moderately tea and coffee and do not smoke or drink.
- VI. Take a warm bath every morning.
- VII. Give up silk garments for woollen ones.
- VIII. Rest one day a week and in that day do not even read or write.
- IX. Avoid warm places, especially those heated artificially.
- X. Re-establish your exhausted organs with identical animal organs.
- XI. Avoid getting excited and do not fatigue your intellect.

And the twelfth commandment is the most interesting one:

XII. If you are a bachelor get married without delay; if you are a widower contract a second marriage immediately.

ORIENTAL NOTES.

NOT long ago the French government undertook the collection of vital statistics and general information as to the sanitary status of certain of the European and Asiatic provinces, and for the purpose forwarded to the authorities of these provinces blank forms—questionnaires—accompanied by the usual polite note requesting that the data be supplied thereon and returned to the statistical bureau in Paris.

The pasha of Damascus promptly replied to the questions asked as follows:

Q. What is the death-rate of your province?

A. *It is the law of Allah that all should die—some die young, some die old.*

Q. What is the annual number of births?

A. *Allah alone can say. I do not know and hesitate to inquire.*

Q. Are the supplies of water sufficient and of good quality?

A. *From the remotest period of time no one in Damascus has died of thirst.*

Q. Give general remarks as to character of local sanitation.

A. *A man should not bother himself or his brother with questions that concern only Allah.*

HOME, SWEET HOME.

ON one of the most frequented thoroughfares in Manhattan and on a corner considered the busiest in the world there is a picture shop which has in its windows always a number of attractive paintings. All sorts and conditions of men, women and children, those native to the city, and those far greater thousands that have left farm, hamlet, village and town throughout our States and territories to make their homes in New York, pass and repass that corner; as well as those who have immigrated hither from places on the earth as far apart as Alaska's icy mountains and India's coral strands, Occident mingling with Orient—all to try their fortunes and live their lives as best they can, how oftentimes with bitter struggling and heartache, in our mighty cosmopolis. Ordinarily the passer-by stops to look at these paintings and goes on, not obstructing the way. But at this writing the corner and the avenue are obstructed—nay, one might almost say the traffic is stopped. And all on account of a painting now being exhibited in that shop. It is not isolated, this painting, nor large; but with comfortable confidence takes its chance of being noticed with others in the

same show window. No, it is not September Morn, nor any other nude, though such are also to be seen there; nor a landscape or seascape; nor something historic, nor a poem in colors; nor any futurist abomination. What the people are so hungrily feasting their eyes upon is just a painting of an humble little cottage, done by a man, you may depend on it, who has "been there," and was brought up in the like of it—so sympathetic is his portrayal. This cottage is snugly ensconced by a country roadside. Outside is bleak night. Snow everywhere, the road covered with it, the boughs of the trees laden down with snow; and above pitchy darkness. But smoke comes from the chimney; and there is light in the window, a generous redness suffusing the little individual panes, even through the snow that has drifted upon them. And the door is opened wide, to admit the home-comer into the welcoming warmth—so wide that the burning logs on the hearthstones project their heartening glow clear across the road and upon the beeches beyond. No wonder this picture is popular—and is contemplated, with what yearning, and pang and remorseful reminiscence in many an onlooker.

NIGHT LILIES.

I love to watch in the early gloom,
Over the roofs as night draws nigh,
The twinkling gardens of lights abloom.

Lilies of night in a shrouded sky,
Gleams of silver, glimmering gold,
Airy blossoms awake on high.

Bursting in bowers, suspended, shoaled,
The mystic soul of the night aglow,
Light and beauty, things to hold
The heart in tune as it throbs below.

—Emma Playter Seabury.

I have loved the feel of the grass under my feet; and the sound of the running streams by my side. The hum of the wind in the tree-tops has always been good music to me, and the face of the fields has often comforted me more than the faces of men. John Burroughs, *Atlantic Monthly*.

"ALL the time, too, he was getting the very most he could in the way of outdoor exercise. No doubt this was the secret of his splendid and prolonged physical health—that he never allowed himself to become the mere member of parliament, or the mere student, but that he always remembered that he had fibres and limbs to keep in healthy, vigorous action, and that whenever there was a chance of outdoor exercise he was a man to get it and to enjoy it."—*Justin McCarthy, regarding Gladstone.*

PROFESSIONAL COURTESY.

"THIS poem was written by a prominent doctor of this city. Has it any value?"

"About as much value," said the editor, "as a medical opinion written by a poet."—*Washington Herald.*

THE CHORUS GIRL.

PEOPLE like to make chorus girls the target of cheap and oftentimes coarse wit. Anybody who knows much about their lives will find little in them to joke about. They have to work harder on less pay than anyone else concerned in the preparation of musical comedies; shows are rehearsed in August and September for the "season"; for these rehearsals, in the hottest weather they get no pay. For several weeks from nine in the morning until long after midnight, with brief intervals for a hasty meal, the chorus girl is under the lash of the manager's tongue. She starts at the stroke of the conductor's baton, just as any sprinter does at the pistol's crack; doing this many times a day would wear out anybody's nerves. Then, when the show is on, there must be frequent and quick changes of costume in cold dressing rooms, that are laden with talcum and other kinds of dust, and never properly aired. When the show loses its drawing powers, and goes on the road for one night stands, in all kinds of weather, the theatre accommodations are hardly better than those of stables; cheap boarding houses furnish the food: and this is not telling one-half the hardships.

Most chorus girls know so little about voice training that they constantly strain their voices; and they have sore throats pretty much all the time. For relief they get at the nearest drug store medicines and

lozenges containing cocaine, opiates and what not else that is dreadful. What sadness that kind of thing leads to only doctors can realize. The chorus girl is constantly suffering from colds, one after another; and what the neglected cold leads to in most cases everybody knows, or ought to—consumption. Then comes the time when her face thins, her cheeks take on an unnatural flush; her looks are not so profitable to the management as they used to be. Her voice gets beyond her control; she takes to "faking" her part. Some morning there is a sharp crack of the conductor's stick; the chorus stops; she is pointed out and told she is "off key." The erstwhile pride of the Johnnies, the queen of the first row, is sent to the rear. There now comes that persistent, dry, hacking cough—of course it would never do to disturb the show that way. The audience is there to be amused, not to be annoyed. So one night after the performance, the manager calls the delinquent aside, sarcastically suggests to her that she is too good for his show; he hates to give her up, but his conscience won't let him keep her out of grand opera. Funny!

Behind the glamour of the footlights there are miserable shadows that no one in front would suspect. Young girls with any ambition to be in the chorus had better find out all about the life before making application.

FOR THE HONOR OF THE LAND.—"Do you see how substantially he's doing that?" said Kipling. "That should be interesting to an American who is used to seeing things done in a hurry. But here in Sussex they build for the ages. Once I asked a man why he ploughed so deeply, and I asked this mason why he went as far down as five feet for his concrete foundation, when two or three feet would do, and they both made the same answer—a phrase that I have learned since is commonly in use in Sussex, like an adage or a motto: 'We do it this way,' they said, 'for the honor of the land.'

"I thought that had a fine sound—a deference to the soil that nourishes them, like a son patting his mother's cheek."

The Union Station in Pittsburgh has had a waiting-room especially prepared for immigrant girls where they may meet their friends and be safeguarded from any possible dangers.

For further protection to the girl who, it has been proved, so often falls a victim to the "white-slaver" a matron wearing an official badge and speaking several languages will meet all the incoming trains. The Woman's Club of Pittsburgh is pledged to pay her salary for three months and the Young Women's Christian Association for another three months.

If the experiment proves successful, an organization on the plan of the Traveller's Aid Society in Philadelphia, with officials at all stations and wharves, will be formed.

OUR ESTEEMED CONTEMPORARIES.

WE FALL IN LINE.

LINES OF GREAT MEN.

O Bidiah McNamee,
Who quit this world when 63—
Although his children numbered six
Related not their baby tricks.
—*Wilmington News.*

Ebenezer Fiddlesticks
Took the count at 66—
Never made himself a pest
Claiming olden times were best.
—*St. Louis Post-Dispatch.*

Hezekiah Conamore
Reached the age of 84
Ere he told of his renown
When he spelled the whole school down.
—*Denver Republican.*

Jeremiah Phipplegate
Died, beloved, at 98;
Never mourned the world's decline
When the household slept till 9.
—*Evening Sun, New York.*

Nebuchadnezzar Fulloffun
Lived until 101;
Never said that "Stopacoff"
Prevented him from shuffling off.
—*Jour. Am. Med. Assn.*

Billy McGee died at 103,
As hale and hearty as could be.
In life he had but one regret,
That he had never seen THE GAZETTE.

Old Beeswax lived to 107,
And all were sure he was bound for *heaven*.
From birth to death he was always well,
Not a day in bed, nor felt like the old Nick.
—THE DIETETIC AND HYGIENIC GAZETTE.

IT NEVER HAPPENED.

Young Jones, cub reporter on the *Cinnaminson Scimitar*, was the hero of a tale told by D-Cady Herrick at a luncheon. Jones wound up an account of a town meeting with the following words:

"Mr. Smith then rose and made a few feeble remarks, during which the audience dispersed."

When the editor of the *Scimitar* saw this sentence, he dashed his blue pencil through it, and substituted the following:

"The last speaker was our eminent fellow-citizen, Mr. George William Smith, who, in crisp and well-chosen sentences, reviewed the subject under discussion, giving to it that clear, well-considered, and logical treatment which has made Colonel Smith one of the foremost orators of our State. The audience dispersed, after expressing warm approval of his polished and eloquent utterances."

"There!" exclaimed the editor. "That's how to do it."

The reporter was not convinced, or even silenced.

"The difference between our versions, sir," he commented sullenly, "is the difference between the true and the false."

"Not at all," snorted the editor. "It's the difference between old Smith stopping his paper and cutting me out of seventy cents a year, and coming in here and buying a hundred marked copies to send round to his friends."

CLIPPINGS FROM THE LAY PRESS.

"ON account of the crowded condition of our columns, a number of births and marriages were postponed last week.—Bloomfield (Ind.) *Democrat*.

"Madame Stringfield, the expert corsetière, will arrive this afternoon from Huron, where she has been demonstrating the Gossard corset for a week back."—*Yankton Press*.

"Wanted—Nurse to take charge of two boys, experienced, between thirty and forty."—*Chicago Tribune*.

"Mrs. J. L. Park left for Paris to-day, where she and her husband, from whom she has been separated for some months, will again take up the battle of life."—*Oakland (Ill.) Messenger*.

FROM THE WILLIAMSVILLE ITEM.

"We wish to apologize to Mrs. Orlando Overlook. In our paper last week we had as a heading, "Mrs. Overlook's Big Feet." The word we had ought to have used is a French word pronounced the same way, but spelled fete. It means a celebration and is considered a very tony word.

EDITOR—Here, you'll have to postpone Jones' death and put off the birth of Flannigan's twins till Saturday. There's a patent-medicine advertisement just come in!—*Sydney Bulletin*.

BOOK NOTICES.

APPLIED BACTERIOLOGY FOR NURSES. By Charles F. Bolduan, M.D., Assistant to the General Medical Officer, Department of Health, City of New York and Marie Grund, M.D., Bacteriologist, Research Laboratory, Department of Health, City of New York. 12mo of 166 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, \$1.25, *net*.

Bacteriology dominates a large part of the nursing art. A correct understanding of the more important principles and facts of that science is presented in this excellent volume. All the ordinary modes of transmission of infection are described. Valuable suggestions for teachers in bacteriology for nurses have been added to the chapters.

MANUAL OF MEDICINE FOR NURSES. By George H. Hoxie, M.D., Physician to the German Hospital, Kansas City, Mo., and Pearl L. Laptad, formerly Principal of the Training School for Nurses of the University of Kansas. Second edition, rewritten and enlarged. 12mo of 351 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, \$1.50, *net*.

In this edition the material has been rearranged. There has since been much demand for the work among nurses. Technical phraseology has been avoided or explained wherever it seemed likely to befog the lay reader.

A REFERENCE HANDBOOK FOR NURSES. By Amanda K. Beck. Graduate of the Illinois Training School for Nurses. Third edition, revised and enlarged. 32mo of 229 pages. Philadelphia and London: W. B. Saunders Company, 1913. Flexible leather, \$1.25, *net*. In this edition Amanda K. Beck has brought her work admirably "up to date." Considerable new material has been added.

A REFERENCE HAND-BOOK OF GYNECOLOGY FOR NURSES. By Catharine Macfarlane, M.D. Gynecologist to The Woman's Hospital, of Philadelphia. Second edition, thoroughly revised. 32mo of 156 pages, with original line-drawings. Philadelphia and London: W.

B. Saunders Company, 1913. Flexible leather, \$1.25, *net*. The principal changes in the second edition of this superb work pertain to details of technique. The sections on the preparation for and after care of major operations in gynecology have been largely rewritten. Most admirable are the illustrated lists of instruments needed for given operations.

THE OPERATING ROOM AND THE PATIENT. By Russell S. Fowler, M.D., Chief Surgeon First Division, German Hospital, Brooklyn, New York. Third edition rewritten and enlarged. Octavo volume of 611 pages with 212 illustrations. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, \$3.50, *net*.

The principles of simplification and standardization have been well maintained in the third edition of this superb work; many earlier methods have been discarded for others which experience has proved more efficient. The following fundamentals to successful surgical procedures have been well set forth: Careful anesthesia. exact hemostasis, asepsis, rest of the injured part, use of the remainder of the body, feeding advanced to normal as fast as the anesthetic-weakened stomach can take care of it, and insistence on the general rules of hygiene.

CAUSES AND CURES OF CRIME. By Thos. Speed Mosby. Illustrated, p.p., \$2.00. St. Louis, C. L., Mosby Co., 1913. The cost of crime in the United States now amounts to one-third the total cost of the government; and the burden is yearly increasing. Mr. Mosby's book is authoritative on the subject the importance of which amply justifies this volume.

LORD LISTER: HIS LIFE AND WORK. By S. T. Wrench, M.D. (Lord). New York: Frederick A. Stokes Co.

The life and work of the late Lord Lister affected man's relation to sickness and disease more fundamentally than the work of any other philosophic physician devoted to the problems inherent in those phenomena. Lister was far more than a surgeon, far more than the founder of modern anti-

septic surgery. He was a great philosopher whose thought never deviated from the central problem of life—the mystery and quality of inhality. Dr. Wrench's work will be found most absorbingly interesting.

A HANDBOOK OF THE PEOPLE'S HEALTH. A Textbook of Sanitation and Hygiene for the Use of Schools. By Walter Moore Coleman. Illustrated by Retta Carroll, Alfred Seiler, and with many Photographs. New York: Macmillan Company, 1913.

Coleman has admirably reduced our recently developed public health measures to a simple code, comprehensible by pupils and brief enough to be managed in a single school course.

ROMANTIC LOVE AND PERSONAL BEAUTY; Their Development, Causal Relations, Historic and National Peculiarities. By Henry T. Finck. New York: The Macmillan Co. \$2.00.

This most charming book by the musical critic of *The New York Evening Post* is cyclopedic on the subject of which it treats. No one desirous of marrying, as every youth and maiden ought to be, no married people and no parents having children who will soon be marriageable should fail to peruse this book. Only searchers after the salacious will be disappointed.

PRIMERS OF SANITATION AND OF HYGIENE. By Prof. John W. Ritchie.

FIRST BOOK OF HEALTH. By Carl Hartman, B.A., M.A., and Lewis B. Bibb, B.A., M.D.

THE HUMAN BODY AND ITS ENEMIES. By Hartman and Bibb.

These four books are published by the World Book Company, Yonkers, N. Y. A large measure of their educational value lies in their many graphic and informing illustrations. Their indices are also exhaustive—an important feature in such books. Several years ago, when this reviewer gave a series of popular health talks he found the Primer of Sanitation a most useful book, and unblushingly appropriated no little of it for his lecture purposes. He found the language terse, the facts accurately stated and the information vital. The remaining books above mentioned appear to have these characteristics.

DIETETICS FOR NURSES. By Julius Friedenwald, M.D., Professor of Gastro-enterology in the College of Physicians and Surgeons, Baltimore; and John Ruhrah, M.D., Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Third Edition, Enlarged and Revised. 12mo volume of 431 pages. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, \$1.50 net.

This book, by the author of the masterly larger work "Diet in Health and Disease," should be the nurse's *vade mecum*. Not only has the feeding of the adult sick from various diseases been well considered, but infant feeding is also set forth succinctly, and rectal alimentation with the feeding of operative cases has been fully described. Diet lists are added; and there are instructions to enable the nurse to comprehend and to carry out intelligently the doctor's orders.

PROBLEMS OF GENETICS. Silliman Lectures delivered at Yale University, by William Bateson, M.A., F.R.S., Director of the John Innes Horticultural Institution, Hon. Fellow of St. John's College, Cambridge, and formerly Professor of Biology in the University. 8vo. Two colored plates, diagrams and illustrations. \$4.00 net; postage 25c. extra. The Yale University Press, New Haven, Conn., and New York.

The purpose of Professor Bateson's superb lectures was to discuss some of the wider problems of biology in the light of knowledge acquired by Mendelian methods of analysis. A working knowledge of Mendelism (such as Prof. Bateson provides in his book, Mendel's Principles of Heredity) is necessary to an understanding of such Problems of Genetics as: Species and Variety; Meristic Phenomena; Segmentation, Organic and Mechanical; The Classification of Variation and the Nature of Substantive Variation; The Mutation Theory; Variation and Locality; The Effects of Changed Conditions; The Causes of Genetic Variation; The Sterility of Hybrids.

A community which has no means of knowing with what contagious diseases it is afflicted, nor how many cases there are, nor where they are, is helpless to protect itself, and unnecessary sickness and death will result.—Assistant Surgeon-General Trask.

NURSING DEPARTMENT.

EDITED BY FRANKLIN W. BARROWS, M. D.

THOUGH WIDELY DIFFERING IN FUNCTION, THE ULTIMATE AIM OF THE NURSE IS THE SAME AS THAT OF THE PHYSICIAN, THE RELIEF OF SUFFERING AND THE SAVING OF LIFE. CULTURE, HELPFUL INFORMATION AND A BETTER UNDERSTANDING OF RELATIONS, LEADING TO AN INTELLIGENT CO-OPERATION IN THIS COMMON AIM, ARE THE OBJECTS OF THIS DEPARTMENT.

HOW THE FOX FAMILY SAVED TEN DOLLARS.

SOME one has recently observed that most people like to be born at home. Indeed that is where most of us were born. Now this is the story of a nice little baby who was born at home, and as it is vouched for by all his "folks" and one doctor and one Nurses' Employment Agency, we know it must be true.

If little Jim Fox had been born on the day appointed for his advent this story would never have happened; but Jim took it into his mind to come fully three weeks ahead of schedule time, and there was great surprise and much ado—and the doctor! The little home was spotless and neat, with all the freshness that a new home puts forth, before children have come on the scene and the new mother has to divide her time between the house and the cradle. But the Foxes were unprepared. Dismay was on the face of the mother-to-be and the nearest neighbors were called into council. Where was the nurse?

Now Mrs. Fox had months before confided their expectations to the family nurse who had endeared herself to the whole Fox tribe by her gentle services at previous visitations of the stork. Her coming had brought confidence and security on these occasions and the new home would be well tended with her in charge.

But the old nurse was occupied with another arrival to-day. She simply could *not* come. It wasn't *time*!

So it happened that while the doctor was busy in helping little Jim to arrive, the husband and his counsellors were busy at the telephone sending urgent appeals to all the "good" nurses they could think of under these trying circumstances. The doctor said "Better get a trained nurse," and mentioned a few of his true and tried. But Mr. Fox reminded his improvised council that his income was only a neat fifteen per week and he couldn't just then figure out

how to pay a nurse twenty-five and have a balance for rent and food—and really we must admit that he was too flustered just then to work out such a problem in the long division of fifteen "plunks," as he called them. Besides, his "old faithful" to whom he had committed the fate of mother and boy and house could meet all requirements cleverly and only wanted twelve a week. In vain did they appeal to every "practical" nurse that their collected brains could conjure from the eventful past. They were all busy, as usual.

At last, and in despair, they rang up Mrs. Grudge's reliable Agency and turned over the "case" to her tender mercies, charging her solemnly to send her very best nurse for which they would go to the length of paying full fifteen per week. In ten minutes the 'phone told the welcome news that Mrs. Root would be on her way in an hour. At this point in the narrative little Jim announced his arrival by a series of lusty yells and in a few minutes the doctor placed him in the arms of the senior lady counsellor.

Promptly in two hours Mrs. Root arrived in all the glory of a red taxicab (\$2.00 extra) and proceeded to make herself at home. She "didn't bring nothin' along but just clo'es" because she came in such a hurry, and she "cal'lated the doctor would have all the fixin's ready that was nes'sary." The senior counsellor graciously resigned in her favor, the neighbors departed, all, and the little home was delivered over to her keeping for "a week or two."

Within a couple of days Mrs. Root had demonstrated her versatility and had gone the limit. She couldn't get the run of the kitchen and pantry well enough to set the meals for Papa Fox, but managed to find plenty for her own "eating." Mr. F. found it convenient to take his breakfast on the way to his work, and pick up a supper on

his way home. The new nurse had no difficulty in proving that she was "not much hand to fix up things for sick folks," and the good women of the neighborhood kept the young mother supplied with the little delicacies that she relished. Anon Jim's wardrobe began to show a pitiful deficiency of those useful articles known as "squares," and a midnight search of the cellar revealed to Papa Fox a mound of these conveniences. Mrs. Root promptly confessed that she was the mound builder and explained that these and sundry other soiled articles were awaiting the coming of the "wash-lady" next Monday (a mythical personage, by the way, in the Fox household). Mrs. R. had inadvertently forgotten to inform the family that as she had "rheumatics quite bad in both wrists" she couldn't bear her hands in water any length of time; that was why she didn't wash the baby "all over," and that *may* have been why one of the lady counsellors happened along about the middle of the afternoon to wash up the breakfast and dinner dishes from which Mrs. Root and her patient had eaten. Papa Fox's hands were strong and tough, and that night while others slumbered he took two hours off and taught himself the growing mound of soiled linen was, by much toil and perseverance, converted into a line of bedraggled "baby fixin's" which stretched three times across the kitchen.

Being of a quiet nature and little disposed to disturb the peace of others, the worthy Mrs. Root observed her periods of rest with studied regularity, especially in the forenoon, before her dinner and in the afternoon, before her supper. While taking the rest cure, she bore the ordinary disturbances of the household with remarkable fortitude, rarely suffering them to interrupt the serenity of her repose. Others, marvelling at the depth of her abstraction, tried in vain to learn the secret of her wonderful imperturbability. One afternoon the next-door neighbor was doing the dishes in the kitchen, the senior counsellor was straightening up little Jim and putting the bedroom to rights, and the much-enduring Mrs. Root was "restin' up" on the spare bed. All at once the new mother said she guessed she was going to faint, and her attendants went scurrying around for the household restoratives. The decanter of wine which "the boss" sent them for their

first Christmas was produced from the top of the sideboard—empty! The quart of whiskey, so thoughtfully provided by Papa Fox as an insurance against such casualties as the present, was requisitioned—*all gone!* Finally the pint of kimmel, brought by "the German lady" to soothe Jim's colicky stomach was confiscated—nary a DROP!!

The new mother didn't faint. She sat right up in bed! "I feel like swearin'," she testified; and the neighbors vowed that she looked smarter than she had been for a month.

That evening the worthy Root showed her first signs of peevishness. Her hands ached her awfuller than ever and she had to go to the drug store to fetch some medicine for her head before bed time. In her absence the council once more convened as by common consent and collusion and, a quorum being present, went into executive session. It was a time for action, not for criticism or censure. "This aint no retreat for bums," said Papa Root, hotly. "Nor for spongin' females," added the senior counsellor, with an outraged air. The decency of the neighborhood had been violated and there was just one thing to be done to redeem their good name. A committee of ways and means was at once organized with an enthusiasm that guaranteed the comfort of Jim and his mother for an indefinite period in advance; another committee of one kindly volunteered to relieve the man of the house of a disagreeable function—it remained for her to break the news to the worthy Mrs. Root that her services were no longer required, with the gentle hint that she "might go and get her booze off of somebody else." Incidentally it was calculated by one of the wisest economists present that the nurse had actually performed about seventy-five cents worth of service in five days. On this basis Mr. Fox calculated he could save two dollars more than the ten already saved by paying her off in full and getting rid of her before she had "et up her full time."

Here we let the curtain fall, merely remarking that this little story would not be worth the telling, true as it is in every detail, if the selfsame comedy were not running every day and every night in the year, with variations, in all our large communities. While we talk big things among ourselves about "efficiency" and "conservation" and all that sort of stuff we overlook

the most ordinary details of economy and humanity and permit the poor to rob the poor in the same old way.

There are lots of things to think about in a little narrative like this; but we are not going to moralize now. We have tried

to expose one of the roots of the trouble. When we, the people, get ready, we can, if we will, organize our social forces in the interests of the thrifty poor, so that they will not be caught in the trap that their own thrift has laid for them.

NURSING VIEWED AS A PROFESSION.

It appears to be the most futile of all distinctions to classify as between "paid" and "unpaid" art; so between paid and unpaid nursing to make into a test a circumstance as adventitious as whether the hair is black or brown, viz.: whether people have private means or not, whether they are obliged or not to work at their art or their nursing for a livelihood. Probably no person ever did

that well which he did only for money; certainly no person ever did that well which he did not work at as hard as if he did it solely for money. If by amateurs in art or nursing are meant those who take it up for pay, it is not art at all; it is not nursing at all. You never yet made an artist by paying him well; but an artist ought to be well paid.—FLORENCE NIGHTINGALE.

THE SEELEY BILL.

We can not endorse the proposed legislation in favor of the New York State Nurses Association because it attempts the impossible feat of legislating a word out of the vocabulary—an old word, at that, and one which everybody uses freely. If the organization feels the need of a term to use for its very own, it will have to select one which has not gained currency everywhere—in the state and outside the state and wherever English is spoken.

We see no way out except to coin an en-

tirely new word and get a copyright on it. We would respectfully suggest to the New York Assembly the word *nosocoma* which is the old Greek name for *nurse*. It lends itself easily to the formation of adjective and adverbial derivatives—amply enough to cover the whole *nosocomical* situation.

We do not want to discourage any good endeavors of the R. N., but we predict that as long as they use the word *nurse* they will have to share it as they do now with a host of other people.

HOME NURSING BY THE PROBATIONER.

The Canadian Nurse says:

It seems to us absolutely and entirely wrong and blameworthy to send out pupil nurses to earn money for the hospital. Is there any possible excuse for such procedure? The nurse gives her services to the hospital that she may in return receive an adequate training, practically and theoretically, that will fit her to care properly for the sick under all conditions, and to cope with any emergency that may arise in this work. Is the hospital fulfilling this obligation—for it is surely an obligation—when the pupil is sent for weeks at a time to care for private patients outside? To make the thing more glaring, the hospital boasts of the money its pupil nurses have earned. Is this right? Is this just to the

pupil nurses? Are they getting the education for which they are paying, not in dollars and cents, it is true, but in service the very best, the value of which cannot be reckoned in dollars and cents?

This is an easy question because the answer is contained in the query. There is a "possible excuse" and a very good one. Necessity is the excuse. Read the question.

Now read the answer: The nurse gives her services to the hospital that she may in return receive an adequate training, practically, that will fit her to care properly for the sick under home conditions, and the hospital would fail of its ends if it did not

send the pupil for a period of service in the home. Private nurses are sometimes misfits because the hospital that trains them does not take the time or trouble to acquaint them with conditions as they must be met in the average home.

Where learn home nursing better than in the home? What time is better for learning home nursing than that time in which they are pupils? Shall they wait until they are graduated and registered and then pick

up this special form of knowledge by repeated experiences and trials?

As to whether the home pays the hospital or not, we cannot see that it matters to the nurse in training. The real question should be: Does the nurse render efficient service—properly supervised—to the home, and is she receiving in return adequate training in home nursing? If not, the arrangement is unfair.

Now ask us something hard.

GLIMPSES OF A WEST AFRICAN CLINIC.

THIS brief quotation is from Miss Janette Miller, a teacher who is associated with a doctor and a trained nurse, his wife, in Mission work at Angola, on the Atlantic coast of Africa. What a field for the resourceful woman.

We quote from the *Missionary Herald*:

Much of my time since Dr. Moffatt left is spent at the dispensary. It takes about two hours every morning, when I am alone. I thought crowds would not come when the Doctor is gone, but the people will get sick

and they are used to my helping the Doctor. One dropsy patient will do well if he lives till the Doctor's return. I know what he needs, but I wish I could keep him till Doctor can be here at the crisis anyway. I tap him every week. Another man has a window in his jaw from not cleaning his teeth, and there is a lot of ankylostomiasis and some "big head," which is a peculiar tropical disease of sores in mouth and nose.

I've been carefully taught, but you can think how glad I am that Mrs. Moffatt is here to share the responsibility. I am glad, too, that she is a trained nurse.

FIRING THE FURNACE OR THE NURSE?

WHAT Next, inquires the *American Journal of Nursing* as a caption to the following editorial. We think the next thing is for no nurse to attend a case without a frank understanding of the duties expected of her, both possible and impossible. Most of our trouble with other people of the genus *homo* is due absolutely to lack of mutual understanding. We agree entirely with the *Journal*:

The point of view of people on the outside, or of the medical profession, is always interesting. We have become accustomed to being told that the nurse should perform all the duties of cook, laundress, chambermaid, housekeeper, etc., but the last criticism which has reached us was from a member of the medical profession who did not want a certain nurse again because "the little fool let the furnace fire go out," and suggests that janitor service should be added to her other duties.

We always claim that there is no household emergency that a nurse should not be

ready to meet when occasion requires that she should do so, and that she should be willing to do in another woman's house what she would be willing to do in her own, under the same conditions. The care of a furnace, under modern conditions, is not specially arduous, it is undertaken by many women in their own homes, and is regularly required of many servants. Rather than let the fire go out, we would say it would not be unreasonable to expect a nurse to put on a few shovelfuls of coal, but that she should be expected to regularly care for the furnace, in addition to her duties in the sick room, and that her ability to care for the sick should be measured by her ability to care for the furnace is, we think, going one step beyond reason.

We have known doctors who could make beds and give baths in an emergency, and we can imagine such a man being glad to attend a furnace rather than allow a patient to suffer, but he would certainly consider it unreasonable in a family to refuse to call him a second time because he failed to perform any one of these duties.

ANTITOXIN TEN YEARS AGO.

THE GAZETTE for March 1904 contained the following significant comments on certain statements made by Dr. Cyrus Edson:

Dr. Edson speaks of the "honor of having found the antitoxin of diphtheria." Is this "honor," then, well and securely founded? I have before me the July 15, 1900, issue of a medical journal, *Pediatrics*, of New York City. In it is described a meeting, held April 9, 1900, of the Medical Association of the Greater City of New York, at which a discussion of this antitoxin took place. Drs.

Winters, Rupp and Herman (who have for years been investigating the antitoxin) came forward with overwhelming proofs of its uselessness and injurious effects. Dr. White said he had "never seen a case of diphtheria cured by antitoxin." The president, Dr. Weir, said, "none of the serums had proved satisfactory." And only one member could be found who would defend it.

To-day the physician who refuses to administer antitoxin in a case of diphtheria is considered little better than a criminal.

MUNICIPAL TRAINED NURSES AND THEIR VALUE TO THE COMMUNITY.

BY SAMUEL HORTON BROWN, M. D., Philadelphia, Pa.

WITH the increase of paternalism in connection with the Federal Government, the several Commonwealths, and the first class Municipalities in America we have witnessed the development of practically Governmental Medicine, although not as yet recognized as such. With this has been developed a high class of Social Service Work, which has been entrusted to salaried Trained Nurses presenting satisfactory credentials.

Organized Charity and the Collegiate Instruction in Sociology have made it imperative that an investigating bureau be attached to all philanthropic enterprises. The question of organized charity is open for discussion, but since we have granted the existence of the same, we must all concede that the investigation department, known usually as the Social Service, is absolutely necessary.

Unfortunately philanthropic enterprises, as a rule, feel that it is necessary to maintain complete individual organizations and plants for obtaining information and disbursing charity; or whatever it is they call it, to their dependents. An interchange bureau is in existence in but very few communities.

The Social Service is made up of trained workers, so the reports always read, but from comparatively close contact with the workers in the field we find the instruction is about as valuable as the geography we were taught in the lower grades of the Grammar school. While the work is fraught with interest to the young

college girl, the lay mind is never prepared to meet many of the contingencies that arise nor to make proper allowances. The social worker works to the best advantage if she be a trained nurse, or a physician, or a medical student.

This can best be understood by a short recital of the work of the nurses employed by the City of Philadelphia in connection with the Public Schools in the downtown section. Until a comparatively recent time this city had no pronounced foreign problem. Like other American cities, it had a fairly large proportion of newly-arrived immigrants but the native Philadelphians rapidly assimilated them and turned them into Americans.

Within an incredibly short space of time, foreign colonies have developed in our midst with all that implies. The habits, traits, manners, views, and language have persisted in these colonies to the total exclusion of things American. Children have been born and raised according to the standards of these people, many without standards of any kind whatever. A certain amount of food and water and air provided, the children grow up, just as does any other biological product.

Far-seeing students of Sociology have appreciated the ultimate bad results of such conditions and by persistent howling through the Press and elsewhere have awakened a certain part of the Public to its obligations. The great middle class, however, regard the entire movement with great skepticism and suspicion, and point

with pride to how they managed to grow up and live comfortably without all this new-fangled interference. The problem, itself, is hard enough to handle without the additional discouragement of this smug, self-satisfied complacency.

The reason for this is probably to be found in the employment of the lay social worker. These young women do admirable work. Of this there is no question. But it is possible to obtain much greater service and better results by the employment of salaried trained nurses. The lay worker never has a real satisfactory reason for intruding herself upon the privacy of any home or family, no matter how unfortunate the family may be, and it is certain to be resented, unless the family belongs to the "Dead Beat" class. A slight verbal duel will frequently defeat the purpose of the worker. A trained nurse can always state the nature of her calling, and find an excuse for investigating, and by her previous training is at ease under all conditions.

The City nurses in Philadelphia are instructed to see that the school children receive the medical attention that the school physicians think it desirable that they should have. This is *all* they have to do! But in the proper performance of this duty, considerable ingenuity must be developed. Willie Blashefsky, for instance, has ringworm in his head and can't see the blackboard, two independent conditions. He must get rid of the ringworm and he must be examined for glasses. Willie must be bodily carted off to a dispensary (a private doctor being out of question) and treated for the ringworm. This requires two or three months during which time, Willie enjoys a modified quarantine. He is allowed to play with the other children at recess and on the street, but must not attempt to go to school and learn anything.

The health boards throughout the country have determined in some occult manner that all contagious diseases are contagious only during school hours and only during the school term, and make rules which result merely in depriving the children of education, as the children have every means and encouragement for acquiring disease afterwards. Some day special convalescent classes will be provided where children, when able to be about after an illness, may be educated in groups so that the contagious particles, whatever they are, may be kept isolated, and not disseminated as they now are. The children who have had the dis-

eases deserve some consideration as well as those who have not, and in this way their education will not be suspended.

Willie's ringworms may be treated by the X-ray if the doctor has the time and inclination, but if not he is provided with a salve and instructions to use it two or three times a day. This seems very simple but were it not for the attention of the City's nurse Willie wouldn't get even this. Not so much that the parents openly antagonize the treatment but because of ignorance they see no necessity of it.

In the case of Willie's eyes, the making of a Secretary of State may be entirely nullified by neglect of this part of the individual. Poor people are illy fed. Poor people's children are likewise illy fed. Willie may have had ulcers on the cornea from poor nutrition before he was of school age; now he has scars on the cornea; the strain of attempting to overcome the refraction of these scars leads to myopia or nearsightedness, and nearsightedness is a distinct ocular disease, and not merely a condition of altered refraction. His life may be restricted to the field of endeavor open to the myope, or, the distress or difficulty with school work may lead him to "chuck" it, so to speak, and we have truancy, juvenile court, etc., etc.

Now in the proper handling of this young man, he must be taken to the hospital or City Hall for a preliminary examination. Then he must have some mydriatic instilled in his eyes to paralyze accommodation and thus render the examination satisfactory. Despite the arguments and protests of the opticians who prescribe glasses, those physicians who see the most of eyes in their several kinds of disorders, are unanimous in the use of "drops" for purposes of examination. Those who do not use them in adults below 45 or in children are largely influenced by the fact that they have no State Medical license to justify them. Were it not for the trained nurse in charge, this part of the procedure would be far from satisfactory. Insufficient mydriasis or cycloplegia requires that Willie return home again and present himself at the hospital twenty-four to forty-eight hours later. Often under such circumstances, becoming tired of going to the hospital, he will return to school and report that the "doctor said he didn't need glasses"!

Even as it is, experience has shown those of us engaged daily in the work that these children frequently need several examinations in order to satisfactorily prescribe for

them, and that they constitute the most difficult refraction cases we are called upon to treat. Imagine if you can, how these children could be prevailed upon to report again and again, punctually, without the vis-a-tergo, furnished by the City's nurse.

Centrally located clinics are always overcrowded and the trained nurse engaged in this work will properly arrange for a place for Willie and will have him promptly returned to school and to his parents. The reason of this is, the trained nurse has more resources than any lay worker on account of her training and associations, and furthermore she is a professional worker as a rule, and not a voluntary or paid amateur. The trained nurse so engaged, is making this a life work and not a make-shift until something else turns up.

Many cases of disease in children have merely a technical or academic significance which cannot be appreciated or differentiated from really serious, important conditions by the lay worker, an unfortunate state of affairs which oftentimes causes the entire social service organization to waste valuable time and services, which could be expended much more advantageously in other directions. While the trained nurse is not expected to make differential diagnoses, she is expected to have a fairly accurate understanding of the relative importance of the more common pathological conditions, an understanding which should be sufficient to supplement, not to interfere with, the physician's work at all times.

If now we take another instance, consider the concrete case of Tillie Nefsky, who has enlarged tonsils and adenoids, and is so reported by the examining physicians at the school. The consensus of opinion among the profession at present is that such structures should be entirely removed and there is no way of giving Tillie the advantage of this except through the aid of the school nurse. In some European communities and also in some intellectually remote American cities, the child is placed upon the table and, without any preparation or anesthesia, the growths are taken out and the child is sent home as soon as he or she feels able to get up. This should be tried upon the operator, or prospective operator, first to determine whether this is the proper way to handle such cases.

The nose and throat clinics in every hospital are crowded and the number of the tonsil and adenoid cases seems to be unlimited. The layworker will take a child

such as Tillie, have her assigned a place in some clinic and allow her to await her turn for examination and subsequent operation. The time for examination will eventually come, but the time for operation may be postponed several times during which interim the lay worker has turned her attention to less odorous and more congenial tasks than sitting in dispensary corridors.

The clinics in the center of the city are always overcrowded and the trained nurse engaged in this work will promptly arrange for a place for Tillie in one of the other hospitals if there be no chance for immediate attention in the first clinic, where perhaps she will be allowed a longer stay in the hospital, and a few more extra good meals. The practice of sending these children immediately after operation to the homes at their disposal, is not to be commended, but frequently there is no alternative. A fatal hemorrhage, more or less, seems to be of no moment to some operators, just so long as they themselves are not the patients.

In the cases of children showing evidences of mental deficiency, degeneracy, cretinism, or similar affections, no one can appreciate the individual condition of the particular child, so well as one with a medical training. In all these cases, the examination for the determination of the deficiency is very trying and extends over a period of several days, and often must be repeated. The trained nurse may be the first to detect the symptoms. Certainly she is the only one who seems to be able to follow up the medical conditions of these children, as well as the social condition.

Children may be stupid in school because they cannot see well, and again they may be stupid because of some mental deficiency. The former may be corrected, the latter only very occasionally is helped. These children must be separated and chances and opportunities given to those most likely to profit thereby.

The nurse is always in a position to appreciate the difficulties under which the child and the family labor, and while not called upon by their employers to do so, nurses frequently supplement the physician's work in countless little ways, that only a skilled worker would understand. A child whose parents are obviously too poor to pay for his or her medicine, can usually be taken care of in devious ways without resorting to the free charities and their delay. This is a greater saving to the child and ultimately to the community than is generally appreciated.

If, for example, the child need glasses and cannot pay, or his parents will not pay for them, he is denied school until he is properly O. K.ed. The city will furnish glasses gratuitously in certain cases, but only when examined by the City's ophthalmologist. This entails a second examination which is unjustifiable. Certain charities, especially the United Hebrews Charities will furnish glasses gratuitously, also, but to their own people. Now a clever nurse, and most of the Philadelphia nurses are that, can readily devise through her acquaintanceship, means whereby that child will be accommodated, and will do so with dispatch, as she appreciates, as no lay worker can, the advantage of eliminating delay in these cases.

The social worker who would go to the family, incident to one of these children and merely deliver the instructions relative to the Doctor's orders, the location of the dispensary, and the hours of the particular clinic, and the names and addresses of the places where the glasses could be obtained reasonably or gratuitously would find the exercise she obtained thereby very beneficial, but experience shows that outside of the pleasure the family received from her call, there would be little or no

result. In the case of the trained nurse similarly employed, the family and the child could be more readily approached and time saved by personally conducting the youngster to the several departments necessary to him. The medicines would be promptly obtained, promptly administered and the child promptly returned to his parents and to the school.

The trained social worker is invaluable in following up these cases, but in the instances such as the school work, where the trained social workers are trained nurses, the results are of still greater value to all concerned. This is especially true in the Central portions of Philadelphia where the corps of school nurses may be taken as the highest index of efficiency in this work.

This, then, resolves itself into a plea for the employment of the trained nurses as social workers instead of the lay workers now employed. There are lots of them to be had. In further support of this, reference may be made to the facts that they require but little extra training, they are always available, and their results are more satisfactory where they have been employed.

No. 1901 Mt. Vernon St., Philadelphia.

"PSEUDO-ATYPICAL CHILDREN FROM A PHYSICIAN'S STANDPOINT."

By J. HERVEY BUCHANAN, PLAINFIELD, N. J.

(Continued from page 89)

I pass from local causes to those of more general type and systemic in character. Perfect health is the expression of a perfect mechanism perfectly fed and perfectly nourished. Napoleon rather inelegantly but very correctly put it, when he said that an army marched upon its belly. This body of ours, composed of countless millions of separate, individual cells, each with a life and the attributes of life, linked into tissues like regiments, and regiments into organs like brigades, and so on through the whole body, a complete army, is aggressive and proceeds only as the commissary department permits. The pseudo-atypical child you will recollect is normal; his muscle is good muscle and his bone good bone. His structure is perfect and his nervous protoplasm is just as perfect as yours and

mine, but in some way the anatomy concerned in our view gives him physiologically a slowly developing mentality or a perverted one, and it does it not only in the ways I have just mentioned, but because very often a perfect mental chain has its action hampered by its commissary supply. I need not go into any extended discussion of physiology. Food is taken into the system, digested, the nutriment absorbed by the blood, taken through the body and offered to all the tissues. These abstract what they need, cast off their refuse, which in turn goes to the kidneys and bowels and with the rest of the food-stuff taken in and not needed, is ejected. Now so long as this metabolic balance is exactly preserved, perfect health and perfect action is rightly to be expected. Action is retarded by de-

ficient supply or quality of food. Or to put it more specifically, just in proportion as you interfere with the metabolism of the parts concerned in the mental processes you derange the normal action. To analyze a bit clearer—if the avenues of mentality in their physical being are wrong in their nutritive balance, you will get defective balance, usually on the wrong side of the account. This may occur in several ways. The blood may not offer enough proper food to the tissues involved and so lessen their powers. Just as a mixture of alcohol and gasoline will run an automobile, but will not do it efficiently. The blood may offer a food mixed with too much poisonous material that may clog its action. The blood may offer too much nourishment of any kind, good or bad; or the body may not remove sufficient of the waste, which in itself may be excessive and so the tissues are choked.

These conditions are very common. You express it pretty nearly right when you say that a half-starved child can't develop as it should and if you will analyze it a bit farther you will probably find it is due to one of the conditions I have roughly cited, plus another namely that the blood itself may be so poor from acquired insufficiency, that it cannot fulfil the normal functions assigned to it. The discussion of these views is an endless proposition and I shall only attempt a hint to stimulate your thought and shall offer no suggestions. Let us take up the first view a moment, the lack of enough proper food. Every tissue has its peculiar needs and these can be supplied only from a mixed diet. Too large a proportion of school children are sent to school with a breakfast deficient in proper food to keep mentality at par. For example, I have seen many children sent out day after day with a breakfast of coffee, bread and butter and fried salt pork. Now the coffee, probably, if pure, which I doubt, has some milk in it which is all right though too little in quantity, some sugar which is excellent as far as it goes, some extractives which are worthless in food value, some caffeine, which is criminal for a growing child and some water which is filling. The bread is all right; but if white the grain in making it is robbed of the main source of phosphates which are sadly needed in brain and nervous growth, and its actual bulk is lessened by the yeast action. I have no fault to find with the butter, but the fried salt pork! Why, my friends, many a sailor has died of scurvy from just such a diet as

that, and after all in an illustrative sense, the pseudo-atypical child is often one suffering from a mental scurvy. And yet this is no overdrawn case. I have seen it time and again and so have you, and how can you expect a healthy normal mental growth on such food? Higher mathematics never flourished on salt pork, however appetizing it may be. I will not lay down any rules but how much better would have been a breakfast of some simple fruit, raw or preserved, a glass of milk, a dish of home cooked cereal, dark or whole grain bread with butter, and an egg, a bit of fish or a little fresh meat. There is no comparison and there is but little difference in the cost of either. But follow this faulty breakfast with a midday lunch of carefully selected boiler plate pie, with a patent filler, and then terminate the day with some greasy stew or heavy sodden starch fabrication and do you wonder a child so fed is backward? I don't.

But let us go a step further and consider a condition where the blood offers a food mixed with poisonous material. This is also a common condition and the poisonous material may be derived from several sources. Not all children have perfect digestions, and food that is in itself nourishing and proper, may through some idiosyncrasy of the child become the source of toxic principles. Thus one child may have a defective starch or fat splitting power, and throw into the blood a wrong chemical compound. Others may not be able to handle proteids and send a stream of products into the blood which are of little value for the nourishment of the organs concerned. And some foods may in themselves be unsuited—as the extreme examples of tomatoes and strawberries which are poisonous to some constitutions. So too a mentality may get a poisoned nourishment from the toxins of various, more or less, chronic diseases. Thus a child having blood loaded with the poisons of malaria, of rheumatism, of tuberculosis, and of what not, is not offering to his bodily tissues anywhere a proper food and his mentality is apt to suffer. I am aware that one often sees very marked exceptions—that a tuberculous child is away and beyond question the brightest in the class; but these are the exceptions that prove the rule and had I time to go a little deeper I could show you that the principle holds and the apparent brilliancy is in fact a fallacy. So too the blood may carry poisonous gases that have a deterrent effect upon certain mentalities.

You may place a child in a properly ventilated schoolroom; the temperature, light, etc., all right. You may break up his periods of prolonged application by five minutes relaxing marches or exercise of some sort and keep him during school hours as nearly to the ideal environment for mental growth as may be, and to that extent he will react in a normal condition for him. But let him study at home a little, in a hot, ill ventilated room, with the fumes of the kitchen assailing him and perhaps Pa's pipe fragrant with a new charge of Hod Carrier's Delight arising like an infernal incense on the scene! Add to that heavy winter clothes, the underclothing probably at least a week unchanged, if not sewed on for the winter, and all the effort of nature to eliminate checked at every turn and to that extent will normal mentality be impaired. It cannot but be so, and that child will get a good and a bad lot of mental stimuli, and to a certain degree will be pseudo-atypical. It may sound exaggerated, but it is true nevertheless and I have seen it and so will you. And finally in this connection mental rectitude is oftentimes warped out of plumb by neglect of the elimination processes. If good food and good receptive hygiene, if I may so term it, be important, equally so is good elimination. The burning question to-day in all active, progressive municipalities is the question of sewage. In fact, as good an index as you may find to the character of any city is a study of its sewage removal. I think I am safe in saying that if you will show me a city with no sewage system, or with open sewage channels, choked up and fermenting, then I will show you a backward city, its inhabitants below par, and in short its whole civic mentality perverted. And what is true of a city is true of the individual. There are practically no medical ills—I speak in contradistinction to surgical conditions—that do not get their first handling in a thorough cleansing of the intestinal tract and it is a vital matter in the treatment of the vast majority of such cases. Medicine has made vast strides, but the first thought and the most important one to-day, in by far the major number of diseases, is the first thought and practice of years of experience, to unload the bowels, cleanse the sewers lest the body be clogged, not only with its own waste but the toxins of disease. And this is a matter of most studied neglect among mothers of the lower class. Johnnie gets up too late for

anything except to eat a bite and scoot for school and the toilet needs are neglected. And the next day the same and the next and maybe several nexts and then what happens? Johnnie gets a coated tongue, his breath is foul, he has a heavy, dull head and perhaps a headache. His eyes are dull and heavy and perhaps puffed, he is languid and sleepy and his whole skin shows a pasty look that very often is described as bilious. Do you wonder? And this is the error of metabolism, the catabolic phase, which I mean when I speak of nutritive conditions due to defective elimination. Nature in the two phases of metabolism, namely the anabolism or building up and katabolism or tearing down, must have a balance somewhere reasonably perfect, or she will carry on an organic scheme that is wrong and that works badly; it can't be otherwise. And you can only judge of the existence of these causes by a study of your pupil, a repeated testing of him in various ways and by visiting his home and quietly getting the data of his environment out of school. This will require tact and a good deal of it, but it is the only way to get at the facts, and lay plans for their betterment. Fortunately a broader spread of education is paving the way to remedy the bulk of these conditions. Parents' conferences, such as we hold here in our schools at times, and compulsory visitation to the homes by the teacher such for example as now obtains in New Jersey, where twice each year the teacher must personally visit the home of each pupil; they are opening many opportunities for an amount of good work in the improvement of these conditions. If Johnnie's Ma receives a call from Johnnie's teacher she is either flattered or mad; and if mad she can usually be appeased by the frank open statement that teacher is interested in Johnnie—and that would be true even if she wanted to wring his neck—that Johnnie seems to have a lot in him and has the making of a good citizen, but somehow, no matter how hard he tries, he does not get ahead as he is capable of doing. That teacher wanted to talk it over with Mother and get her help. And so if she has reason to suspect adenoids, or throat or any special sense trouble, teacher asks about his health—has the Doctor ever examined Johnnie and if so what is his opinion. Or is Johnnie eating as he should and what and how does he eat? How are his bodily functions, etc.,

and before it is all over Mother will feel Johnnie has a friend in teacher, and Johnnie will feel more maternal solicitude possibly than he has ever known before, with perhaps great help to him. And this is not a fanciful picture by any means.

But I pass to a final consideration, namely the effect of producing pseudo-atypical conditions of bodily states by nerve exhaustion. To be sure the nutritive conditions I have mentioned have some action in this way and so do many morbid processes such as chorea, epilepsy, anemia and the like. I refer more specifically to exhaustion of nervous power by over application and overwork and by the practice of enervating habits. A child has the right to an education. Childhood is the proper time for study and that is his business. I am aware that the intellectual prodigies—the self-made men, have arisen before day, done two men's work before school, three men's work after and then studied far into the night, according to careful biographers. It is doubtless so, more or less, but the wonder is not that they did it, but that they lived through it. And in spite of these brilliant examples I am constrained to say that as a routine manner of producing intellectual giants, it is to be condemned. It's the old balance of nutrition again—when wear overbalances repair and weakness results. Nerves are funny things and do strange stunts. I know of few things more stubborn than neurasthenic conditions of whatever type. But put a child or young lad to work before school, and again after school, and at work all day Saturday and perhaps Sunday and you are taxing him too much and he weakens. Even machinery needs a rest. I have seen farmers' children driven with hard work, sent to school and to work till each day was a dreary drudgery, and what was the result? Our school systems now demand all that a growing child ought to do and about as much more in my opinion, for I am not much of a lover of high tension education. There must be a relaxation somewhere to let the nervous matter readjust itself.

And what is true of overwork is true of excesses in other directions that are perhaps more vitally exhausting. I refer to bad habits, especially the solitary vice. The day has passed when this phase of school life may be ignored. Much as I dislike discussing the subject, I should fail in my duty did I not point out to you its existence and the large

rôle it plays in the class of children I am considering. The day of frank discussion of sexual physiology is only just beginning to dawn. The step has been taken in some schools to have yearly lectures to the separate sexes in sex reason and responsibilities. So far so good, but in too great a class of cases this instruction comes too late and is powerless to stop habits long established. The vicious habit in question is one which is often established in extreme youth, even in babyhood, for I have seen babies of both sexes too young to talk, with their first teeth hardly showing, becoming unconsciously victims of a nerve wrecking habit. And you will find it in your schoolrooms in both sexes. Always suspect it in the child who holds aloof, who hides behind his desk, who flushes without any reason, guiltily when observed; and who is unduly nervous. What is the remedy? I wish I knew. To reprove is simply to intensify the habit. To call attention to it is simply mortification without result, as in many, many cases such a habit is formed without any idea of wrong doing on the child's part. I know of nothing to suggest except to quietly give the offender a prominent front seat and then keep him busy. I believe it is the idler that Satan keeps special watch over.

And with this I draw to a close my hour's talk. I realize its incompleteness and crudity, but if I shall have given you some slight insight into the conditions that make up the class of pseudo-atypical children and forearm you in your educational life, I shall be satisfied. As teachers of the coming generation you have grave responsibilities. In your care will be pupils who in coming years will bear grave responsibilities and who will shape the destiny of the world. But if the proper educating of these future captains of life be important; if there be any truth in the old adage that as a twig is bent so is the tree inclined; if your right teaching be essential to the proper start of the intellect in those pupils of normal type what must it be to those of the pseudo-atypical pupils that will inevitably come under your care. Is it not equally important, nay more so, that a normal brain and an intelligence of great potentiality, but handicapped by some of the factors I have named, shall be freed from its chains and allowed to expand and grow to do its work in the body politic. I think so, and I deem that your own responsibility is not discharged until such handicaps are found and effort made to remove them.

DETROIT HOME NURSING ASSOCIATION.

IN the organization of the Detroit, Mich., Home Nursing Association a movement has been started which has already attracted considerable attention and which bids fair to serve as an impetus to the organization of like associations in other cities as a means by which to supply proficient nursing to those of limited means.

As a matter of guidance and information for those interested in such a movement, we publish herewith a copy of the booklet lately sent out by the Detroit association:

THE DETROIT HOME NURSING ASSOCIATION.

Personnel—The Detroit Home Nursing Association is a voluntary organization of public spirited citizens—business men, lawyers, tradesmen, physicians, clergymen, teachers, nurses, housewives, social workers. Men and women of all classes are welcome to its membership.

Object—The purpose of this association is to secure prompt, efficient and satisfactory service, in case of sickness, for people of every class, particularly for independent families of moderate means.

The Need—In every case of sickness in the home—two things are absolutely indispensable—the proper care of the sick and the suitable care of the home. In homes of wealth, the problem is easily solved. In homes of poverty, charity often assists. But in the great majority of homes, where incomes are moderate or meager, the need is often acute. If the sick one be the mother of a family of little children, the distress is deepened. Help must be found at once. Where shall it be sought? Where can information regarding the sort of help needed be obtained? Who shall endorse the help secured as efficient and dependable? How serious is the case? Is a skilled graduate nurse most adapted to the need, or will a household servant suffice, or will a partially skilled nurse who is also experienced in housework be best? How long will this help be needed? Inability to find an answer to such questions often brings distress to the family, perplexity to the physician, inconvenience to the nurse, heavy burdens to relatives and grave results to the patient.

The Local Problem Acute—The rapid growth of our city renders the ever-present problem more acute. Thousands of families have flocked to Detroit, leaving friends and relatives far behind. Mothers, sisters, aunts, are no longer at hand to help when sickness comes. The hospitals are over-

crowded, the supply of graduate nurses altogether inadequate, the efficiency of non-graduate nurses an unknown quantity, and plain domestic service unavailable at any price.

A Classified Service—To meet this need, The Detroit Home Nursing Association undertakes to provide four classes of helpers:

1. A "Supervising Nurse," who will, on request, give counsel and advice as to the kind of help needed and the probable time and cost of the same. But no work will be undertaken without the cordial co-operation of the physician in charge.

2. Skilled "Graduate Nurses," who will have personal charge of all important cases for such time as may be needful.

3. Non-graduate "Household Nurses," who will care for such cases as do not need, or no longer require, the skill of a graduate nurse. These household nurses will also assist in the care of the home.

4. Household "Helpers," whose sole duty will be to care for the home, leaving the family free to do whatever nursing may be necessary. All nurses and helpers will be assisted by the oversight and counsel of the association's supervising nurse.

Central Bureau—The association will provide an office, centrally located, where physicians and families needing information can apply, at any hour of the day or night, with the assurance that every reasonable effort will be put forth to meet the need.

By Way of Illustration—In response to an application for help in case of very serious illness, a skilled graduate nurse would at once be provided. As soon as her skill could be dispensed with she would be replaced by a household nurse, who could, in turn, give way to a helper when such assistance would meet the need. The expense would thus be reduced to the lowest point consistent with the patient's welfare, while the help would always be that most appropriate to the need.

The Cost of Service—The association is not the competitor of any existing organization, nor is it willing to supplant any agency for the relief of the sick. Its purpose is to assist and supplement other helpful agencies by filling a want long and acutely felt by hundreds of Detroit physicians and nurses and thousands of Detroit homes. It has no authority to either increase or decrease the wages of nurses or of household help of any class. Its sole object is to bring the most

available help to the place of greatest need in the briefest possible time. It earns no profits, solicits no business, and is able to dispense no charity.

Its scale of prices for the service of graduate nurses will be the same as that of the local nurses' registries—at present \$25 per week. For non-graduate nurses, the rate will vary, according to the need and the skill required, from \$9 to \$16 per week. Day rates will be slightly higher in proportion. The cost of household helpers will necessarily vary slightly, but will be kept at the lowest figure consistent with efficient service.

For the cost of special service, in operative or maternity cases, application should be made at the office.

As to the Poor?—There being no fund on which to draw for the relief of families unable to pay for nursing or help, a new field of opportunity is opened to churches, lodges, merchants, manufacturers, or friends to provide the amounts necessary for such service for their members, employees or relatives.

Maternity Nursing—In view of the very pressing need and of the risks of mother, child, family and community involved in careless or inefficient nursing in maternity cases, it is the purpose of the association to give special attention to this work. Where the expense of a graduate nurse cannot well be borne by the family a household nurse, under graduate supervision, will be provided. If desired the supervising nurse will visit the patient previous to the birth to confer with her as to general health, plans and precautions. She will maintain a general oversight of patient and of household nurse, and will visit the patient after

the birth, giving any needed counsel as to feeding and care of the child. The extra cost of this prenatal and postnatal supervision, and of assistance at confinement, will be nominal. In each case the office should be consulted.

Association Membership—In order that the association may extend its benefits as soon as possible, and that its work may be made most efficient, it earnestly solicits the membership and the favor of all public-spirited citizens, both men and women. The cost of its maintenance must at first be provided out of the benefactions of such friends. The association has no capital, issues no stock, declares no dividends, receives no profits and pays no salaries to its officers. Neither is it a "charity." It is a bureau of public service. In time it may become self-supporting. Meanwhile the initial expense must be met.

Three classes of contributing members are provided for, (1) Sustaining Members, who contribute \$10 or more to the work of the association. (2) Corporate Members—organizations or corporations paying an annual fee of \$5, and (3) Active Members, who pay an annual fee of \$2. Organizations contributing annually \$100 or more are entitled to representation on the Board of Trustees.

Among those known in the American hospital world who are connected with this movement are Dr. W. L. Babcock, The Grace Hospital; Dr. J. N. E. Brown, Detroit General Hospital; Dr. Wayne Smith, Harper Hospital, and Miss C. A. Aikens. The superintendent is Agnes D. Carson, R. N., a woman of experience in such work. The success of the Detroit association will be watched with interest.—*The International Hospital Record*.

CORRESPONDENCE.

IN communicating with THE GAZETTE always send your name and address. They will not be printed without your consent. We have but one place for anonymous communications, viz., the waste basket.

WE ARE ASKED TO EXPLAIN.

Dear Sir:

Presupposing that you will be glad to enlighten the readers of your magazine—"THE DIETETIC & HYGIENIC GAZETTE," I am writing to ask for an explanation of the article by Dr. Kenerson, of Buffalo, which appeared in the January issue, for it is somewhat sur-

prising to see it published in a reputable periodical.

Some condemn the magazine for printing such matter; but I justify your action as doing a great service to the nursing profession (for it is a profession and not a trade except where those engaged in it lack the higher ideal and vision); for the bitterest enemy of low-grade training for nurses could never have painted such a graphic and vivid picture of the miserable excuse for professional instruction; the low type of women who would stand for such an excuse; nor the utter lack of intelligence, manliness and refinement in a so-called Doctor giving such

instruction, as is delineated in every paragraph of this article.

He is a clear exponent of the absolutely selfish person—utilizing the services of others for his own ends, and giving them a delusion in return. No wonder he is opposed to the "Seely Bill," which aims to protect the public against just such people, who send out "nurses" to demand the same fee after *his* training, as recognized graduates from the best training schools, demand.

While every registered nurse is not perfect, of course, being human, do you think it excuses us for lowering our ideals?

I shall truly appreciate your telling me why this article was published: in good faith, or as a joke, or (as I believe), as an exposition of the audacity and low ideals of such men as the author?

Very respectfully,

R. N.

The article to which our subscriber refers appeared in the January GAZETTE under the title "A Plea for More Nurses at a Smaller Wage." It has attracted considerable attention, and was reprinted in full by *The International Hospital Record* soon after we published it. It does not seem to us to require any "explanation," for Dr. Kenerson furnishes his own explanation and has made himself very clear.

It is, however, quite proper that our correspondent should know our motives in printing the article. The Editor of this Department attended the meeting of the Medical Union, one of the oldest and largest medical clubs of Buffalo, at which Dr. Kenerson read this paper. The discussion following the reading of the paper brought out many expressions of approval from leading physicians, and all were unanimous in the opinion that our city needs "more nurses at a smaller wage" and that the Doctor is taking the right course in helping to supply this need. While the speakers deplored the existence of a class of ignorant and totally untrained "practical" nurses, there were some who considered the registered nurse an impossibility in many deserving cases. In short, the discussion amounted to a general confirmation of the

premises in Dr. Kenerson's argument, and an endorsement of his painstaking work in training nurses to supply a real and growing demand in our city. The Editor was impressed by the frankness and earnestness of this meeting and felt moved to report the discussions for the benefit of our readers, but finally decided that it would be better to print the paper and let the readers do their own discussing. Having known Dr. Kenerson for more than fifteen years as a prominent and successful surgeon—and not having discovered the personal traits which our subscriber ascribes to him—we felt very fortunate in securing his paper for publication. Since it appeared in print, a dozen or more physicians have corroborated Dr. Kenerson's statements and commended him for criticising the arrogant attitude of some trained nurses.

Of course it is generally understood in journalism that the editor is not responsible for the views of the various authors who contribute to his pages. This is true of this Department, although we have never made the idea prominent because it looks too much like an apology, and we are not apologizing. We always know what we are printing and we take the responsibility of selecting it long before it goes into type.

The GAZETTE is fortunate in that it is not the mouthpiece of any organization, and does not have to submit its "copy" to any group of censors before going to press. Readers of this Department will occasionally have an opportunity to peruse articles which the official "organs" could not very well accept for publication. That is one reason why so many nurses are reading *The GAZETTE*.

We maintain that all men and women should do their own thinking, and we like to give them things to think about. One never becomes conversant with the world by looking at everything from a single point of view. There are other views.

TIT FOR TAT.

"A United States Senator," said a young physician, "addressed the class I was graduated from on our commencement day. He advised us in his address to be broad and generous in our views. He said he once saw two famous physicians introduced at a reception. They were deservedly famous, but they were of opposing schools, and the

regular, as he shook the other by the hand, said softly:

"I am glad to meet you as a gentleman, sir, though I can't admit that you are a physician."

"And I," said the homeopathist, smiling faintly, "am glad to meet you as a physician, though I can't admit you are a gentleman."—*Exchange*.

Questions and Answers.

The following answers are not "official." They are prepared for the editor.

UNIVERSITY OF THE STATE OF NEW YORK 20TH NURSES EXAMINATION.

GENITO-URINARY NURSING

FOR MALE NURSES

Wednesday, June 25, 1913—9.15 a. m. to 12.15 p. m., only

Answer 10 of the following questions. Each complete answer will receive 10 credits. Papers entitled to 75 or more credits will be accepted.

1. What is the first manifestation of syphilis?

Ans. The primary sore, or chancre.

2. How would you give a mercurial vapor bath?

Ans. The patient sits on a chair and is covered with a sheet or a cabinet as for an ordinary vapor-bath. Under the chair is a vaporizing apparatus consisting of a lamp over which is arranged a basin containing calomel to be vaporized. Usually the calomel is placed in a cup surrounded by water and the vapor is mixed with steam. After about 15 minutes the heat is discontinued and the patient sits for ten minutes longer in the vapor; he is then wrapped in blankets and put to bed where he remains an hour or more before being dried.

3. What is strangury?

Ans. Painful and extremely slow urination.

4. Define bubo.

Ans. Inflammatory swelling of lymph nodes, generally in the groin.

5. What care would you give a patient after circumcision?

Ans. Keep patient quiet. Place loose dressing on wound and keep moistened with antiseptic solution. Once a day, or oftener if necessary, irrigate the wound thoroughly and put on fresh dressing.

6. Define genito-urinary.

Ans. Pertaining to the generative and urinary organs.

7. What is inflammation of the bladder called?

Ans. Cystitis.

8. What is loss of power to control the voiding of urine called?

Ans. Incontinence of urine.

9. What important point should the nurse remember when caring for a patient who wears a truss for the support of a hernia but who is not confined to the bed?

Ans. If the patient does not wear his truss in bed, it should be put on and perfectly adjusted before rising from the re-

cumbent position, and it should not be removed until patient is in bed and lying down.

10. Locate the perineum.

Ans. The space between the anus and genital organs, bounded by the rami of the pubes and ischia and a line extending between the tuberosities of the ischia.

11. What preparation would you make for an operation on the bladder?

Ans. For a day or two preceding operation the bladder should be well flushed by the use of appropriate diuretics. If conditions make it necessary, the bladder may be irrigated with antiseptic solution at intervals of six or eight hours in order to counteract septic conditions. Twelve hours or so before operation the genitalia should be thoroughly cleansed with soap and water followed by antiseptics; the skin should be shaven, including the lower part of the abdomen and the upper parts of the thighs, and should then receive the antiseptic treatment preferred by the surgeon; the bowels, also, should be well emptied.

12. If a hemorrhoidal hemorrhage occurs what should the nurse do till the arrival of the doctor?

Ans. Use cold water freely; apply lotion of alum water or some other convenient astringent; dust thoroughly with alum powder, tannic acid or other astringent. Apply dry compress as firmly as possible to bleeding points and raise patient's buttocks as high as possible from level of the bed.

13. What is the incubation period of gonorrhea?

Ans. From two to six days.

14. Define chancroid.

Ans. A soft, non-syphilitic, venereal sore, resembling a chancre.

15. By what symptoms is gonorrhea characterized?

Ans. First, irritation and moisture of meatus urinarius, with smarting sensation on urinating. Within 24 hours pus begins to discharge from urethra and urination is very painful. Urination becomes frequent. Chordee usually occurs. There is generally some fever and malaise.

DIETETICS

Thursday, June 26, 1913—9.15 a. m. to 12.15 p. m., only.

Answer 10 of the following questions. Each complete answer will receive 10 credits. Papers entitled to 75 or more credits will be accepted.

1. Define (a) chyme, (b) chyle.

Ans. (a) Stomach contents after digestion. (b) Milky fluid absorbed from small intestine into lacteals after digestion.

2. At what age may a healthy child begin to digest starches?

Ans. Three or four weeks.

3. In what organs and by what enzymes are starches digested?

Ans. In mouth and stomach by ptyalin. In small intestine by amylopsin.

4. Mention *three* results gained by the cooking of food.

Ans. Sterilization, softening (usually), improvement in palatability.

5. Give the freezing and the boiling point of (a) the Fahrenheit thermometer, (b) the centigrade thermometer.

Ans. (a) $+32^{\circ}$ and $+212^{\circ}$. (b) 0° and $+100^{\circ}$.

6. Make a list of *five* tissue-building foods.

Ans. Lean meat, eggs, cheese, fish, legumes.

7. What does the term "top milk" mean?

Ans. Milk in the top of the bottle, which contains a larger proportion of fat than the "whole milk" before any separation has taken place. The term "top milk" may be applied to the top 7 ounces, or 9 ounces, or 16 ounces, etc., of a quart bottle of milk,—according to the proportion of fat desired in the milk.

8. When 10 per cent. top milk is used, what is the relative proportion of fat to proteid?

Ans. Two and one-half times as much.

9. Outline the daily care of an ice box.

Ans. Remove all articles that are not "keeping" well, and eliminate odors as far as possible. Cleanse box with clear or slightly alkaline water. Use scalding water as often as needful to keep box sweet. Put nothing into the box that is not clean in the first place. Do not allow box to drain directly into sewer connections. Keep it liberally supplied with ice. All materials with strong odors should be tightly covered while in the ice box to prevent tainting of other foods.

10. Contrast the cooking of meat in making broth and in broiling.

Ans. In making broth the meat is macerated and all the juices diluted and extracted as completely as possible. In broiling the surface of the meat is coagulated as rapidly as possible, thus retaining the juices during the further process of cooking.

11. Describe the care of milk in the home. Give reasons for your answer.

Ans. Bottles of milk should be wiped or washed as soon as received from the wagon and placed directly in the refrigerator. They should not be opened until the milk is to be used, and any milk remaining should be tightly covered and returned to refrigerator. Refrigerator should not be allowed to become warm. Milk should at all times be covered to protect from dust and insects. It should not be kept in same compartment with strong smelling foods like onions, cheese or other stuff from which it might absorb unpleasant odors. The object of these precautions is to keep milk clean and to retard the growth of bacteria.

12. How would you make junket? State the source of rennet.

Ans. Heat $\frac{1}{2}$ pint of fresh milk to 100° F., and sweeten if desired. And 1 teaspoonful pepsin or rennet, pour into cups or shallow dish, and let stand till firm and cool. If flavor is desired it must be added before cooling. Rennet is prepared from the calf's stomach.

13. Give the general rule for making cream vegetable soups.

Ans. Cook vegetable thoroughly, reduce to a pulp and strain out all coarse particles; incorporate with milk or cream and milk, blending into a creamy liquid. Butter, stock, and flavors may be added as desired.

14. Tell how you would make cocoa and give your reasons for thus making it.

Ans. To 1 teaspoonful cocoa add $1\frac{1}{2}$ teaspoonfuls sugar, mix and add enough hot water to make smooth paste. Stir into 1-3 cup boiling water and boil 2 minutes. Add $\frac{1}{2}$ cup hot milk and bring just to boiling point. Serve with cream if desired. Cocoa must be rubbed to smooth paste to prevent lumping. It must be boiled briskly and not too long to preserve its aroma. Hot water and hot milk must be ready to add

Continued on Page XX.

QUESTIONS AND ANSWERS.

(Continued from Page 144)

as soon as cocoa is ready, in order to serve the preparation while still fresh.

15. Name *two* diseases in which carbohydrate food is limited.

Ans. Diabetes mellitus and obesity.

University of the State of New York

20TH NURSES EXAMINATION

BACTERIOLOGY AND SURGERY

Thursday, June 26, 1913—9.15 a. m. to 12.15 p. m., only.

Answer 10 of the following questions. Each complete answer will receive 10 credits. Papers entitled to 75 or more credits will be accepted.

1. Define (a) culture, (b) culture media.
2. What would you use as a stopper to insure the sterility of the contents of a bottle or a test tube?

3. What are ptomaines?

4. Name (a) *two* diseases due to bacteria in the air, (b) *two* diseases due to bacteria in water and soil, (c) *two* diseases due to bacteria in food.

5. State the air space of a room that 16 ounces of 40 per cent. formaldehyde and 6¾ ounces of potassium permanganate will effectually fumigate.

6. After a room has been fumigated as suggested in question 5, what can be done to destroy the fumes if the room is needed soon?

7. How can you tell when a plaster bandage is sufficiently soaked?

8. What is the simplest way of making a sling?

9. Name *two* common gynecological positions.

10. What is the approximate temperature of steam under a pressure of 15 pounds to the square inch?

11. What determines the real value of a disinfectant?

12. If you had less than 12 hours in which to prepare a carpeted room for a surgical operation, what would you do about taking up the carpet? Why?

13. How should new nail brushes be first treated?

14. How long should you scrub your hands with soap and water when about to assist at a surgical operation?

15. What solutions are most commonly used for irrigating the bladder?

Vermont State Board Examination.

ANATOMY AND PHYSIOLOGY.

May, 1913.

(1) Name the three great cavities of the body.

(2) How many bones in the lower extremity?

(3) Why do bones of the aged break more easily than those of the young?

(4) Name the divisions of the small intestine. What is the pylorus?

(5) What is the function and capacity of the gall bladder?

(6) Where does the femoral artery begin?

(7) How do arteries and veins differ in structure?

(8) Name four particulars in which expired air differs from the air inspired.

(9) What is the shortest possible course blood can take in passing from one side of the heart to the other?

(10) What is the size of red blood corpuscles? Of white blood corpuscles?

(11) Of what elements are fats composed?

(12) When is a limb flexed? extended? abducted? adducted? rotated?

Have your answers to these questions ready for comparison with the answers to be given in a later number of the GAZETTE.

THE new Seaview Hospital, a New York City municipal hospital on Staten Island, erected at a cost of \$3,500,000, for tuberculosis cases, will be ready for use early in October. The New York Press says: "The new hospital, which is to be the largest of its kind on the continent and which is surpassed in size by only one other institution in the world, the Rudolf Virchow Hospital, in Germany, is a model of equipment. Besides the advantages of pure air, food and other essentials to the fight against con-

sumption, the aesthetic sense of the tuberculosis patients is also taken into consideration, and the buildings have been constructed so artistically the patient will not be anxious to leave the institution when he has only partly recovered from the disease. The eight buildings to be used for the treatment of patients are arranged in a semicircle behind which are the administration building, the dining room, kitchen and the buildings where other branches of the work of the hospital are carried on."

EVERY DOCTOR

AT TIMES

HAS PATIENTS**That Require a Starch Restricted Diet**

When it is important to have that which can be depended upon, **GUM GLUTEN FOODS** have a higher percentage of protein than any other gluten foods made. In all cases where a non-starch diet is indicated, prescribe only **GUM GLUTEN FOODS**. These are made in great variety and more palatable than any others. Leading grocers are our agents everywhere. Write for sample **BISCUIT CRISPS**, literature, price-list and name of agent nearest you.

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RELIABILITY

40 DIFFERENT VARIETIES

Marketed in Ampules, 6 to a package for
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5 c. c. bulk packages in special aseptic container averaging 8 doses for \$1.00.

18 c. c. bulk packages in special aseptic container averaging 30 doses for \$3.00.

Sherman's New Non-Virulent T. B. Vaccine

—prepared from a special non-toxic strain of tubercle bacillus. This T. B. Vaccine possesses unusual immunizing and therapeutic virtues, and is sold in 5 c. c. bulk packages for \$1.00, and 18 c. c. packages for \$3.00.

List No. 44, 100,000,000 organisms per c. c.

List No. 45, 500,000,000 organisms per c. c.

Bacilactic Drains—Persson's

Used as a local treatment in sub-acute and chronic urethritis; 25 treatments for \$2.00.

Write for Literature

G. H. SHERMAN, M. D.,
DETROIT, MICHIGAN

A pronounced case of fallen arch, photographed in the shoe worn at the time the patient was sent to the Coward Store for attention.

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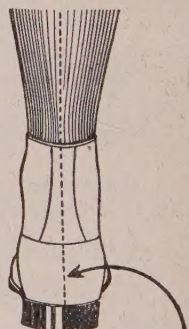
and ankles, either in the incipient or advanced stages, careful physicians understand the importance of employing corrective mechanical assistance.

COWARD ARCH SUPPORT SHOES
WITH COWARD EXTENSION HEELS

are of immediate benefit in all cases of structural foot weakness, including "turned" ankles, weak ligaments, falling arch and flat-foot.

Constructed on approved anatomical principles, these remedial shoes provide the needed support, without discomfort to the wearer, or interference with the muscular action of the feet.

The helpful, upward pressure of the Coward Arch



Same foot after being fitted in a Coward Arch Support Shoe; ankle kept upright, arch held in place—weight of body equally distributed.

Support, rests strained ligaments, relieves the pain, and in many cases effects a speedy recovery.

Coward Arch Support Shoes are of special assistance in treating arch and ankle weakness of growing feet, and are as efficacious in preventing the foot troubles of childhood as in their treatment and correction.

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TREATISE on "FLAT-FOOT"
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TECHNICALITIES.

ITEMS of value to nurses in their work will be welcome to this column.

BAD TEETH, AND BAD HEALTH.—Dr. Osler, the most famous physician in the world, says:

"There is not any one thing more important to the public in the whole range of hygiene as the mouth. If I were asked to say whether more physical deterioration was produced by alcohol or by defective teeth, I should unhesitatingly say defective teeth."

With an unhygienic mouth as a culture medium for bacterial growth, it can readily be seen what the consequences must be. The food, in its passage through a filthy, germ-laden mouth, is literally loaded with bacteria, and in this poisonous condition is conveyed to the stomach, and thence transmitted, through the process of digestion, into the circulation, poisoning the entire system.—*Monthly Bulletin, Indiana State Board of Health.*

EXCESS OF STARCH.—Too much starchy foods should not be given to eczematous patients, particularly to infants and those of feeble digestion.—*Therapeutic Review.*

EDUCATE FOR SERVICE.—Education may be misdirected, and may be overdone. A good machine may be ruined by making it too elaborate. A good knife may be rendered useless by sharpening it all away.—*Michigan Teachers Sanitary Bulletin.*

AMOUNT OF WATER REQUIRED BY AN INFANT.—Myer calls attention to the fact that from 66 to 68 per cent. of the infant's weight is water and that in proportion to weight the infant requires four times as much water as an adult. He carried out a series of experiments on infants under three months of age, giving them a diet of concentrated milk with sufficient caloric value but insufficient water. He gives tables showing the loss of weight in these cases and the gains when water was added, also tables showing the nitrogen metabolism.—*Journal American Medical Association.*

RHEUMATISM AND TONSILS.—From my limited observations, and granting the possibility of a narrow outlook of an otologist and rhinologist, there is a preponderance of examples that suggest the tonsil as frequently being the avenue of infection in so-called inflammatory rheumatism.—JOHN J. KYLE, M.D., in *The Therapeutic Gazette.*

REMEDY FOR ANTS.—The following is a tried and true receipt for driving away ants of all kinds:

Equal parts of tartar emetic and sugar. Mix dry, then moisten with water to the consistency of syrup and put in a dish in the runway of the ants. They will eat very freely of it and fail to return for a long time, or perhaps for the season.

The dish may be set away when dry. When again needed add water and a little more sugar, and it is ready for use. The one dish may be used several times. Great care should be observed in order that children do not get at the tartar emetic preparation, as it is poisonous.—MARY L. BULL, in *Buffalo Express.*

THINGS IN THE EAR.—If an insect gains admittance to the ear canal, it may be extricated by a pair of tweezers or pincers; but, if this be found to be impracticable, then oil should be poured into the ear, when the removal of the insect will probably be quickly accomplished and any irritation avoided. The caution must be repeated here that in dealing with the ear no roughness may be used. Any attempts to forcibly extricate any object which has gained admittance to the ear will probably result in injury to the ear-drum.—*Brit. Jour. Nursing.*

VERMIN AND TUBERCULOSIS.—*The Medical Officer* gives the following brief concerning pulmonary tuberculosis being conveyed by vermin: "A fatal case occurred in a house in April, 1911, and when the room was disinfected, vermin, which were very numerous, migrated from this house into the one next door, where a cripple, who was practically confined to the house altogether, resided. This unfortunate individual was taken ill with the disease the following December, and died after a few weeks' illness."

WHY WARM AIR SHOULD BE HUMIDIFIED.—Dr. Leonard Hill, London, England, says: "When such air is heated, it holds such a low percentage of moisture that its capacity for evaporation is great enough to considerably chill anyone with whom it comes in contact, and the higher temperature of their dwellings is in consequence a necessity."—*News Letter.*

Cell Nutrition

Food received into the body must, in order to supply nourishment to the body-cells, conform to certain biological requirements.

It must contain certain essential proximate principles required by the life-forces to renew inevitable and necessary tissue-waste.

It must present such physical and chemical properties as to become readily assimilable by the body-fluids, which convey the nutritive elements to the cells themselves.

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complies with the above simple, yet necessary requirements, and hence is practically a perfect cell-food.

Made of whole wheat and malted barley, Grape-Nuts contains the nutritive elements of these cereals, including the frequently overlooked "mineral elements—the phosphates," and is so thoroughly cooked under the most rigid sanitary conditions as to be at the top of the list among foods which are "easily digestible and assimilable," even by weakened digestive organs.

Physicians who have tested Grape-Nuts in many "de-nutritive" conditions have learned to rely upon this scientific food as they do upon their tried and true remedies.

The *Clinical Record*, for Physicians' bedside use together with samples of Instant Postum, Grape-Nuts and Post Toasties for personal and clinical examination, will be sent on request to any Physician who has not yet received them.

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